

Instructions for Ensuring Informed Consent for the Release of Confidential Information

These instructions accompany the “**Consent to the Release of Confidential Information**” form. To complete this consent, a parent, guardian or student, where applicable, must be fully informed. This means that the parent, guardian or student, where applicable, understands the following:

- **What specific information is to be disclosed.** Specific pieces of information should be indicated: Attendance Services information, Psychiatry information, Psychology information, Physiotherapy information, Occupational Therapy information, Social Work information and/or Speech-Language information. Parents, guardians or students where applicable have the right to determine which information is to be released and need to be informed about which information is relevant for the purpose specified (see below). They also need to be aware that limiting access to pertinent information can make it difficult to meet the student’s needs appropriately.
- **To whom the information will be disclosed.** The institution, agency or person to receive the information should be specified on this line (e.g., **Toronto District School Board**). The address should also be indicated (e.g., **Professional Support Services** at the appropriate education office). Please be advised that information released to the Toronto District School Board will be shared with teachers and school staff on a need to know basis, unless you indicate otherwise in the “**Special Instructions**” section.
- **For what purpose it is to be disclosed.** The information may be used for educational planning and/or the co-ordination of services. Other purposes can also be specified. When releasing information to an outside agency or institution, the information may be used for the provision of their services.

Under “**Special Instructions**”, the parent, guardian or student where applicable, may wish to indicate other specific instructions about the disposition of the confidential information. For example, they may wish to have a copy of the confidential information placed in the student’s Ontario Student Record. They may wish the information to remain in confidential psychological files (i.e., files supervised by a registered Psychologist). They may wish a copy of the information to be placed in both locations. They may wish to indicate that the confidential information must be destroyed after a specified time period (bearing in mind that legislation may stipulate a period of time during which the information must be retained). Any of these conditions should be noted on the line as a “special instruction”.

The signed consent is time-limited. The consent to release the information is valid for no more than one year and may be specified to be less than a year. The consent includes a statement indicating that it may be rescinded or amended at any time. This request must be made in writing and would rescind or amend the consent except where action has already been taken in reliance on the original authorization.

The authorizing signature on the consent indicates the parent’s, guardian’s or student’s agreement to the disclosure of the specified confidential information, to the specified institution/agency/person for the specified purpose, under a specific set of conditions.

Finally, parents, guardians or students where applicable, should be given a copy of the signed consent form to keep for their own records.

**2 Way CONSENT TO THE RELEASE OF CONFIDENTIAL INFORMATION *****PLEASE PRINT CLEARLY****I (We)***First Name**Last Name***of***Address**City or Town**Province**Postal Code***hereby consent to the release and sharing of the following information:** *(check those that apply)*

- ☐ Attendance
 ☐ Child and Youth Services
 ☐ Occupational Therapy
 ☐ Physiotherapy
☐ Psychiatry
 ☐ Psychology
 ☐ Social Work
 ☐ Speech-Language Pathology

and/or Other: *(specify)***in respect of:** *(Name of student)***Date of Birth***First Name**Last Name**year**month**day**School**Student ID #***between:***Name of institution, agency or person**Address**City or Town**Province**Postal Code***and:***Name of institution, agency or person: e.g., TDSB***Address: Professional Support Services** *(check one below)*

- ☐ **West Region Areas A/B** - 1 Civic Centre Court, Toronto M9C 2B3
☐ **East Region Areas C/D** - 140 Borough Drive, Toronto M1P 4N6
☐ **Occupational Therapy & Physiotherapy** - 2 Trethewey Dr. Toronto, M1P 4N6

for the purposes of:

- ☐ Educational Planning and/or ☐ Co-ordination of Service
☐ Other *(specify)*

Special Instructions:**Signature****Relationship to student****Witness**

Dated this _____ **day of** _____, _____
 (day) (month) (year)

This consent to release information form remains valid until ***(maximum one year from date of signature)**year**month**day*

* Please refer to the accompanying "Instructions for Ensuring Informed Consent for the Release of Confidential Information" when filling out this form.

** Authorizing person(s) may cancel or change the above authorization in writing at any time prior to the expiry date, unless action has already been taken on the basis of the authorization.