



**Quinte Children's Treatment Centre
School-Based Rehabilitation Services**

Quinte Health Care
Belleville General Hospital
265 Dundas Street East
Belleville, ON K8N 5A9

Telephone: **(613) 969-7400 x2784**
Fax: **(613) 961-2517**

Consent for Referral and Information Sharing

Quinte Children's Treatment Centre

Upload document using Sync.com (please see instructions on our website)

Fax to: 613-961-2517

To be completed by the Parent/Legal Guardian or Client (if 16 years of age or older)

Last name of person providing consent: First name:

Last name of student: First name:

Relationship of person providing consent to student:

- Select one:
- I am the legal guardian of the student/child
 - I am the student, and am at least 16 years of age

Consent to Services:

By signing this form, I am consenting to the start of School-Based Rehabilitation Services. This will authorize Quinte Children's Treatment Centre (QCTC) to collect, use and disclose relevant information regarding my child for the purpose of determination of eligibility, prioritization, service planning, treatment/care, and program evaluation of the School-Based Rehabilitation Services. Information will only be exchanged with those agencies listed below if they are involved in the care/treatment of my child and is to be used for the purpose of coordinating services between organizations.

Consent for Sharing of Information:

Services work best when there is good communication among everyone involved with you and your child.

I do hereby authorize the exchange of information to and from:

QCTC with School Board *(specify school board)*

QCTC with physician(s) *(specify physician(s) name)*

QCTC with Organization/Agency *(specify)*

QCTC with another Children's Treatment Centre *(specify city)*

Quinte Children's Treatment Centre is committed to your privacy and is compliant with the Ontario Personal Health Information Protection Act. This authorization is valid for as long as my child is receiving services through the QCTC. This authorization may be withdrawn at any time by submitting a written request to the QCTC at the above address.

Signature:

Date: *(dd / mmm / yyyy)*