



**DURHAM CATHOLIC DISTRICT SCHOOL BOARD**  
***Informed Consent for Student Services***

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Day/Month/Year  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Valid for School Year: \_\_\_\_\_ / \_\_\_\_\_

**Services to be provided:**

Child and Youth Counsellor    Social Work

**Terms and Conditions:**

**I agree and acknowledge that:**

1. This consent to receive services is voluntary and may be withdrawn at any time.
2. The services to be provided have been explained to me, and may include assessment, consultation, classroom observation, intervention, follow-up and monitoring;
3. The expected benefits and possible risks of these services have been explained.
4. Reasonable alternatives to these services and the consequences of not participating in these services have been discussed with me;
5. Information gathered during these services will remain confidential and will not be released to external agencies or individuals without my prior knowledge and written consent, except in the following circumstances:
  - a. Where there is evidence that the student may be at risk of harming him/herself or others;
  - b. Where information is obtained that is reportable to the local Children's Aid Society;
  - c. Where the records are ordered to be produced as required by law;
  - d. Where the student has engaged in an activity potentially leading to his or her suspension or expulsion when required;
  - e. Where release is required in a proceeding of the respective professional College; and/or
  - f. Where serious attendance concerns arise (applicable only to Social Work and CYC).
6. Discussion with other School Board staff who are, or have been, involved with the student may occur.
7. Details of any assessments or services provided may be discussed with or reviewed by the service provider's immediate supervisor or designate to ensure quality service delivery.
8. The staff member providing the service will have access to the student's Ontario Student Record (O.S.R.).
9. A record will be kept of contacts and services provided in accordance with the respective professional college.
10. A copy of the written report may, where applicable, be provided to parents/guardians and/ or be filed in the student's Ontario Student Record (O.S.R.). Copies will be retained in Student Services' electronic Referral, Assessment Intervention & Documentation (eRAID) system.
11. This consent, all services provided pursuant to it, and all information gathered as part of those services are subject to the relevant sections and/or regulations of the Education Act, the Municipal Freedom of Information and Protection of Privacy Act, the Health Care Consent Act, the Personal Health Information Protection Act, and the Regulated Health Professions Act.
12. Additional information regarding the collection, use, and disclosure of Personal Health Information is available upon request.

By signing below, I am consenting to receiving "services" and acknowledge that I understand what to expect, the risks and benefits, the nature and limits of confidentiality, my right to withdraw consent and what is expected of me as a recipient of these services.

Please note: Email is not a confidential means of communication. I understand that email and phone messages cannot be responded to when my service provider is unavailable. As such, email is not the appropriate way to communicate confidential, urgent or emergency information. I understand that I am encouraged to communicate in person or by telephone.

**Authorization:**

Title	Name	Signature	Date
Parent / Guardian			
Parent / Guardian			
Student			