



Consent for Release and Receipt of Information Form

Nxwezi'tems | SSHS Child and Family Services

Consent to Receive Services:

I, _____ give permission to receive from and/or send to the following persons or agencies relevant information, reports, etc., about me or my child, _____. I understand that this information will be kept confidential and will be used to help staff meet my/child's needs and best support me/my child to achieve my/child's program goals. I understand that staffing changes may occur at any given agency, in which case I give permission to share information with people's designated replacements.

Name of Agency/Professional:

Date:

Client Initials:

(MCFD/MSD)

(MCFD/MSD)

(MCFD/MSD)

(Doctor)

(Child and Youth Mental Health)

(Mental Health)

(SSHS Program)

(SSHS Program)

(SSHS Program)

(School Administration)

(Health Services)

(Women's Centre)

(Alcohol and Drug Program)

(Employment)

(Parents/Other Family Members)

(Parents/Other Family Members)

(Parents/Other Family Members)

(Other – Please Specify)

(Other – Please Specify)

(Other – Please Specify)

Client/Legal Guardian Signature:

Date:

Witness Signature:

Date:

I may withdraw or update my consent at any time by reviewing this document with SSHS staff and completing a new consent for Release and Receipt of Information form.

I may withdraw or make changes to an individual on the list by drawing a line through their name, marking VOID, and initialing and dating change.

This consent will automatically expire one year from the date signed or until discharge from SSHS, whichever comes sooner.

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We love our children.
