



Consent Regarding Personal Information
Under Part X of the *Child, Youth, and Family Services Act, 2017 (CYFSA)*

Personal Information: I understand that my personal information may include, but is not limited to, my date of birth, contact information, records of meetings with me and/or my family, the services I or my child received, the programs I or my child attended, details of physical and mental health, medical, psychological or psychiatric reports, school information, financial information, employment history, allegations or findings of child maltreatment, court documentation, police interventions, criminal history, my or my child's views or opinions, the views, opinions or observations of others about me or my child and information about my or my child's race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, religion, age, sex, sexual orientation, gender identity, gender expression, cultural or linguistic needs, marital or family status.

I want **The Children's Aid Society of Oxford County**

(Print name and address of person/organization you want to receive your information)

(check the appropriate boxes)

TO COLLECT

my personal information

(Print your name and date of birth)

And/or *(strike out the inappropriate word)*

the personal information of

(Print the name and date of birth of person(s) for whom you are the substitute decision-maker)*

From

(Print name and address of the person/organization from whom you want your information collected)

TO DISCLOSE

my personal information

_____ *(Print your name and date of birth)*

And/or *(strike out the inappropriate word)*

the personal information of

(Print the name and date of birth of person(s) for whom you are the substitute decision-maker)*

To

_____ *(Print name and address of person/organization you want to send your information – this gives permission to disclose)*

LIMITS (if any)

I wish to list or limit what personal information can be collected, used and disclosed as follows:

_____ *(Describe the specific personal information you would like shared or any limits on what you do not want shared)*

This Consent is valid from the time it is signed until _____ . This Consent can be revoked upon written notice to the Children’s Aid Society of Oxford County.

NOTICE (If you agree, please check each box):

- I have a copy of the Children’s Aid Society of Oxford County Notice of Information Practices.
- If I have questions about my choices regarding sharing personal information, I understand I can ask questions before I sign this.
- I understand that I can choose to sign this form or choose not to do so – if I choose not to, I will be told what that means.
- I understand that there are situations where the Children’s Aid Society of Oxford County does not need my permission to collect, use, or disclose personal information such as when it is necessary to protect children or others and for other reasons allowed by law.

SIGNATURE

My name (printed): _____

My contact information if there are questions: _____

Signature: _____ **Date:** _____

My authority if Substitute Decision-Maker*: _____

***Please note: A substitute decision-maker is a person authorized under CYFSA to consent, on behalf of an individual, to the collection, use, or disclosure of personal information about the individual, or under the *Personal Health Information Protection Act* to consent, on behalf of an individual, to the collection, use, or disclosure of personal health information about the individual.**