

Creating Your Circle of Care

CONSENT FORM

I _____ (*youth's name*) give my informed consent to participate in services at Foundry Campbell River, including the collection of relevant personal information for the purposes of providing services I have agreed to. Additionally, I give permission for my information to be shared between _____ (*worker's name*) and the following people and/or agencies in order to tailor my services at Foundry Campbell River:

Agency and Name	Info to be shared	Date	Expiry	Renewal	Initials
<input type="checkbox"/> Foundry/JHS Counsellor _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> Doctor _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> CYMH _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> MHSU _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> School _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> Parent/Guardian _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> Parent/Guardian _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> Employment _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> Crisis Services _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> Sexual Health Nurses _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> MCFD _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> Income Assistance _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> Psychiatrist _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				
<input type="checkbox"/> Other _____	<input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> A				

Explanations

Minimum means to share that you're coming to appointments and participating.

Basics means to share a little bit about what you're working on (we talk about school and anxiety).

All means to share everything that's going on.

Restrictions (any info needed to make it more clear who the consent applies to)

I have had the limits to confidentiality explained to me and I understand the limits.

I know I can cancel my consent at any time by telling any Foundry worker.

Client's Signature

Birth Date (mm/dd/yyyy)

Today's Date (mm/dd/yyyy)

Foundry Team Member

Date

You have the right:

- To privacy. You can expect that we will keep our records and what you say confidential (we follow the Freedom of Information and Protection of Privacy Act). We only exchange information that has to do with these services and nothing else. We will only share your personal information with your permission, under a Court order, or if we hear someone may be hurt (child neglect or abuse, or the possibility of danger to you or others). We may share information with a program manager to consult for clinical supervision.
- To give us your opinion about decisions that affect you.
- To be treated with respect. We will respect your right to make choices and be yourself. We will not discriminate for any reason. We will advocate for you when your rights aren't being respected. We won't expect you to change faster than you are ready to. At the same time, we will encourage you to change things that don't seem to be working for you.
- To get services in a place that is safe, and free from any abuse or neglect.
- To choose whether or not to participate in our programs and to be told about any consequences if you don't participate (not to pressure you, just to give you the facts).
- To be respected for your cultural heritage, and your religious and spiritual beliefs and to request these be considered in service planning (you can ask for an interpreter, if you like).
- To be included in setting and reviewing goals and how to best achieve these goals (called a Service plan).
- To invite family/your legal guardian to participate in decision making.
- To ask your worker about their qualifications and the code of ethics they must follow.
- To make a complaint if you are not happy with the service (have your worker show you the Complaint Form and Representative for Children and Youth Complaint process).

Your responsibilities:

- To treat yourself and others with respect.
- To provide information that will help us give you the best possible service.
- Come free of any alcohol, drugs, or weapons to appointments or group activities.
- *If you are under the age of 12 we need to have the consent of your parent or guardian to receive services.**

Your participation in our programs can finish when:

- You no longer want to come.
- You have accomplished what you wanted to (finished your service goals).
- The program isn't the right fit for you, or it can't offer what you need.
- If the Court or your probation officer gives the ok for you to stop.

Looking at your file:

- If you want to see your file, just ask your program worker. If it's closed you'll need to fill out a request form.

Feedback

- We are always trying to make our services better, so please tell us how we're doing or ask for a feedback form. You don't need to put your name on the form and it goes straight to the program manager.

PARENT/GUARDIAN CONSENT FOR YOUTH UNDER 12:

I, (print name) _____, hereby do give consent for my dependent named _____, born ____/____/____ to receive services at Foundry Campbell River.
M D Y

Signature of Parent/Guardian

Date