

CONSENT FORM

Collection, Use and Disclosure of the Information Provided

The information collected directly from you will be forwarded to Counselling Services of Belleville and District and Community Living Prince Edward and will be used for the following purposes:

- to facilitate the process of matching a worker with your respite needs,
- to facilitate the process of applying for an out-of-home respite option(s)
- to facilitate both processes named above.

In order to assist you in the best possible manner, there will be a need to share (as appropriate) the information provided with other respite agencies / service providers, including other respiteservices.com host agencies.

Furthermore, some of the information collected will be summarized periodically to facilitate community planning activities. Such information summaries will not include personal identifiers (e.g., name, address, phone number, etc).

Consent

I _____, have reviewed the statement concerning the collection, use, and disclosure of personal information. I understand that I can refuse to provide consent. I also understand that I can withdraw my consent any time.

I hereby authorize the collection, use, and disclosure of my personal information for all the purposes identified above.

Parent	I agree	<input type="checkbox"/>
Guardian	I agree	<input type="checkbox"/>
Individual	I agree	<input type="checkbox"/>

Withholding Consent

Are there any restrictions regarding the collection, use, and disclosure of the information provided?

If you do not authorize the disclosure of your information to other respite agencies, please name the agencies:
