Children's Developmental and Behavioural Supports: Consent for Referral and Disclose Information Form

I, (Parent/Guardian 1)_____ and I, (Parent/Guardian 2, if applicable) _____ consent to the release, receipt, and sharing of information for the purpose of referral, intake and service planning in respect of (Child's Name) _____ **between** an authorized representative of the Region of Durham, Children's Developmental and Behavioural Supports and authorized representatives of your child's childcare centre _____.

By signing this document, I/we hereby consent to the agency disclosing information in its possession to an authorized representative of the Region of Durham, Children's Development and Behavioural Supports (CDBS) for the purposes set out above.

I/we consent to Children's Developmental and Behavioural Supports (CDBS) communicating electronically and/or via email with the selected people/agency above about my child for the purpose of service referral and planning. ☐ Yes I/we consent ☐ No I/we do not consent

My/our preference for receiving information is through (select all that apply):
☐ Email attachment ☐Secure digital file share link via email (One Drive)
☐Paper/Mail

I/we the parents/caregivers of the above-mentioned child confirm the following custody arrangement is in place: ☐Married ☐Separated ☐Joint ☐Sole ☐Other: _____

I/we attest that I/we are the child's legal guardian(s) or that I/we are the child's current caregiver(s) and there is no legal documentation of guardianship and no known opposition of service.

Upon receiving the referral for service a representative from CDBS will contact you to share guidelines of service and to complete consent for service.

Each licensed child care program is partnered with a dedicated Resource Consultant from **Resources for Exceptional Children and Youth** who completes regular on-site visits and works with child care educators and families to support inclusive learning environments for all children. With consent Resource Consultants can work in collaboration with Children's Developmental and Behavioural Supports to develop strategies that support your child's participation, development, and success within the child care setting.

Continued on next page for signatures.

Two-way consent: I/we consent to the two-way collection, use, receipt, release, and sharing of relevant information between Children's Developmental and Behavioural Supports and Resources for Exceptional Children and Youth and for the purposes service planning and coordination to support my/our child. I/we agree that this two-way consent if effective from the date of signing this consent for referral to the end of service (defined at 2 months after decision to close.) ☐ Yes, I/we consent ☐ No, I/we do not consent

I/we fully understand the nature and purpose of this consent and have given our consent and authorization voluntarily.

☐ Please check this box if you are filing your response electronically. This represents your signature and has the same force and effect as signed ink. You must add the date below.

_____ _____

Parent/Guardian 1 Signature Date

_____ _____

Parent/Guardian 2 (if applicable) Signature Date

Notice with Respect to the Collection of Personal Information

This information is collected under the legal authority of the Municipal Freedom of Information and Protection of Privacy Act, 1990; Child, Youth, and Family Services Act, 2017; and/or Child Care and Early Years Act, 2014 for the purposes of administering Region of Durham, Special Needs Resourcing Programs.

Privacy

More detailed information concerning how and why the Region collects, uses, and discloses personal information is available through Durham Region's Access and Privacy Office at privacy@durham.ca or by reviewing Durham Region's Privacy Statement, which may be updated without notice, at https://www.durham.ca/en/regional-government/terms-of-use-and-privacy-statement.aspx

If this information is required in an accessible format, please contact 1-800-387-0642 ext. 2829.