

PERSONAL HEALTH INFORMATION

Consent Directive

and

Privacy Statement Receipt

This form is completed to verify that you have reviewed the Privacy Statement outlining the privacy practices of DSO CER and to instruct DSO CER on how your personal health information can be collected and disclosed for the purpose of accessing ministry funded supports and services.

In order to match you with third party service providers who best meet your needs, it may be necessary for us to disclose your personal information to these agencies. In making these disclosures, we will balance the need to maintain your confidentiality with the need to provide agencies with sufficient information to assess their ability to provide safe and high-quality services.

Applicant Name:

Date of Birth:

DSO Central East Region is authorized to:

- ☐ Collect personal health information pertaining to the above named from Developmental Services agencies listed below
- ☐ Disclose personal health information pertaining to the above named with Developmental Services agencies listed below

You have control over your Personal Health Information (PHI) and have the right to restrict what happens with it. Please outline the restrictions you wish to apply and specify whether the restriction applies to the collection and/or disclosure of your PHI

☐ Restrictions:

☐ None Apply

- ☐ Yes ☐ No I understand the purpose of this consent directive and know where to go to get my questions answered
- ☐ Yes ☐ No I have received a copy of the *Privacy Statement* brochure and have a reasonable understanding of the information provided
- ☐ Yes ☐ No I have made my own consent directive decision(s) and I am signing this form voluntarily
- ☐ Yes ☐ No I understand that the consent decision(s) I have made can be changed at any time, by providing notice to DSO/YSSN
- ☐ Yes ☐ No I understand this consent directive form and the consent I have given is considered valid, unless DSO/YSSN is otherwise notified, or my service with DSO/YSSN ends

Consent to Communicate via Mobile Phone Devices

- ☐ **Check this box if you agree to communicate with YSSN via mobile phone devices.** This includes, but is not limited to voice calls, voice messages, text messages, and video calling. Communications via mobile devices may relate to your personal information, including your personal health information. By agreeing to receive communications about your YSSN services via mobile phone, you acknowledge that voice calls, voice messages, text messaging and video calling are unsecured, unencrypted messaging platforms and that communicating by these methods may result in greater risks to the security of your personal information.

Your Support Services is the administrator of DSO CER and is responsible for ensuring that the privacy practice of this program meets legislated requirements.

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Dated this _____ day of _____ 20____

☐ This form is signed by the applicant named on page 1

Signature

The applicant signing this form has a reasonable understanding of the positive or negative consequences of giving, withholding or withdrawing consent

☐ This form is signed by an authorized representative on behalf of the applicant named above

Print Name of person signing

Relationship to Applicant

Signature

Note: If the above is signed by a legal guardian, attorney for personal care or representative appointed by the Consent & Capacity Board (CCB), the guardianship order, power of attorney for personal care or CCB order should be presented for verification purposes. If there is no guardianship order, power of attorney for personal care or CCB order in place, no documentation is required if the substitute decision maker is the highest ranking relative in accordance with s.26 of the Personal Health Information Protection Act.

Listing of Developmental Services Agencies in Central East Region:

HKPR - Access Community Services, Alternatives Community Program Services (Peterborough), Canadian Mental Health Association, Canopy Support Services, Central East Network of Specialized Care, Community Living and Respite, Northumberland, Community Living Trent Highlands, DeafBlind Ontario Services, Inclusion Northumberland, Karis Disability Services, Kerry's Place Autism Services.

DURHAM - Abilities Centre, Canopy Support Services, Central East Network of Specialized Care, Community Living Ajax Pickering and Whitby, Community Living Durham North, Community Living Oshawa Clarington, Durham Association for Family Resources & Support, Durham Mental Health Services, Family Services Durham, Karis Disability Services, Kerry's Place, Lake Ridge Community Support Services, Participation House.

SIMCOE - Camphill Communities Ontario, Catulpa Community Support Services, Central East Network of Specialized Care, E3 Community Services, Community Living Association for South Simcoe, CLH Developmental Support Services, DeafBlind Ontario Services, Empower Simcoe, Karis Disability Services, Kerry's Place Autism Services.

YORK - Aptus Treatment Centre for Complex Disabilities, Central East Network of Specialized Care, Centre for Behaviour Health Sciences Mackenzie Health, Community Living Georgina, Community Living Central York, Community Living York South, DeafBlind Ontario Services, Karis Disability Services, Kerry's Place Autism Services, L'Arche Daybreak, Meta Centre, New Leaf Living and Learning Together, Participation House, Reena, The Safehaven Project for Community Living, Vita Community Living Services, Your Support Services Network.

Provincial Partners - PassportONE, DSO Central West Region, DSO Eastern Region, DSO North East Region, DSO Northern Region, DSO Hamilton Niagara Region, DSO South East Region, DSO South West Region, DSO Toronto Region.

Should any of the boxes on the front page be checked as "NO", follow up with the applicant or their SDM by DSO staff is required. Your Support Services is the administrator of DSO CER and is responsible for ensuring that the privacy practice of this program meets legislated requirements.