

Service Coordination Support (SCS) for People with Developmental Disabilities



(A non-profit supporting

Consent given by: _

Date: _

Full Name

507 – 1400 boul. St Laurent Ottawa ON K1K 4H2

service people with

developmental disabilities and pervasive developmental disorders)

Consent to release Documents and/or Information

I acknowledge and agree that the party below has my consent for disclosure to SCS.

I understand that the collection, use and disclosure of any personal information will be for the purposes of assisting me in finding appropriate supports and services and providing information to me by SCS, or any organization authorized by SCS, and only in a manner consistent with SCS's Privacy Policy, a copy of which is available at http://scsonline.ca/, or has otherwise been made available to me.

I understand I may seek legal advice regarding this consent. **RELATING TO:** (Full name of person) (Date of birth - yyyy/mm/dd) I CONSENT to the delivery of the following information, Describe here the nature of information: (e.g.: psychological; social; etc.) From: Describe here the name, address and phone number of the source of the information along with the contact person (if possible): To: State here the name, address and contact person (if possible) of the organization the information will Service Coordination Support (SCS) for People **Developmental Services Ontario for People with** with Developmental Disabilities **Developmental Disabilities Eastern Region** 507 - 1400 St Laurent Blvd. 507 - 1400 St Laurent Blvd. Ottawa, ON K1K 4H4 Ottawa, ON K1K 4H4 AND WITH CONSENT GIVEN BY: (Date) Signature or mark of Person requesting/using service (Date) Signature of Parent/Guardian (where required by law) (Date) _____ (Witness) This Consent may be cancelled at any time upon written notice of person requesting or using the service. ☐ By clicking this box and signing below you agree to these terms and conditions.