

As a PARENT of _____ served by Reach Out Niagara Family Support Services,
_____ I have been informed of the following points of information by _____.

- ___ 1. The types of information that will be collected and kept as a record.
- ___ 2. My right to view my family's file in the presence of a staff member, except for parts that may endanger a third party and assessments completed by someone who is not employed by Reach Out Niagara Family Support Services. This request must go through the supervisor of the program.
- ___ 3. My right to view my child's file if the child is over 12 years of age and has given written consent for this disclosure in the presence of a staff member, except for parts that may endanger a third party and assessments completed by someone who is not employed by Reach Out Niagara Family Support Services. This request must go through the supervisor of the program.
- ___ 4. My right to request in writing that any errors or omissions in the records be corrected by using the "Request for Access/Corrections" form.
- ___ 5. I have been informed of the agency's policy and procedures on the use of electronic communication (ie., e-mail, text messaging, skype etc.)
- ___ 6. For children who have parents with joint custody, we require a Parent/Guardian contract agreement to be completed prior to service being provided in order to ensure the protection of your personal health information. For children who are 12 years or older, the youth may self refer, however we are unable to allow any parent involvement in the therapy process until a signed contract agreement by both custodial parents is provided.
- ___ 7. My right to confidentiality within Reach Out Niagara Family Support Services except in cases of physical or sexual abuse, or court subpoena.
- ___ 8. I am aware that information collected from this consultation will be entered into a database that will be used for education, statistics, quality improvement, and other purposes permitted or required by law. Information collected in this way will be pooled with other similar information and neither I nor anyone participating in this consultation will be individually or specifically identified.
- ___ 9. My right to appeal to the Program Supervisor, Ministry of Health and Long Term Care, 347 Preston St., 3rd Floor, Ottawa, Ont. K1S 3H8 (613)234-1188 or 1-800-267-5111 if Reach Out Niagara Family Support Services withholds access to the file, fails to make the requested corrections to the file or discloses unauthorized information.
- ___ 10. The file will be destroyed ten years after the child's 18th birthday, with the exception of sexual abuse cases in which case the file is kept indefinitely.

Signature: _____ **Date:** _____ **Witness** _____

I agree to receive information by email regarding the Phoenix Centre, i.e. presentations, groups, resources, surveys and special programming My email address is: _____

I do not wish to receive information by email regarding Reach Out Niagara FSS