

As a client 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 file, since I am over 12 years of age, except parts that may cause me physical or emotional harm, 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 request in writing that any errors or omissions in the records be corrected by using the "Request for Access/Corrections" form

____ 4. My right to confidentiality within Reach Out Niagara Family Support Services except in cases of physical or sexual abuse, court subpoena or disclosure of self-harm.

____ 5. I have been informed of the agency's policy and procedures on the use of electronic communication (ie., email, 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. I am aware that the 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.

____ 8. My right to appeal to the Program Supervisor, Ministry of Health and Long Term Care, 347 Preston St., 3rd floor, Ottawa, ON K1S 3H8 (613) 234-1188 or 1800-267-5111 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.

____ 9. The file will be destroyed ten years after my 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 , 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