



## Consent for Release of Information

### ***EASTERN DOOR CENTRE***

342 Big Cove Road, Elsipogtog, NB E4W 2S3

Ph: (506)-523-4608 Fax: 506-523-8234

In order to provide support services to your child, the Eastern Door Centre requires historical and current information. The information will be used to assist in understanding your child's strength and needs so that we can make recommendations to help him/her develop and learn to his / her's potential. Our program is: The Assessment/Diagnostic Team of the Eastern Door.

### CONSENT FOR THE COLLECTION CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, (parent or guardian) hereby grant permission to the Eastern Door Centre to collect/receive/ information about the following people:

\_\_\_\_\_ (Full Name of Child / Youth).

- ☐ Child's Birth records
- ☐ Child's Medical / Health Records
- ☐ School Records
- ☐ Child & Family Services records
- ☐ Mental Health Records

- ☐ Health and Hospital Records
- ☐ Addiction records
- ☐ Justice records
- ☐ Other: \_\_\_\_\_

I, \_\_\_\_\_, (Birth Mother's Full Name) hereby grant permission to the Eastern Door Centre to collect/receive information about the following people:

- ☐ Mother's Prenatal / Postnatal Records
- ☐ Mental Health Records
- ☐ Health and Hospital Records
- ☐ Addiction records

### CONSENT OF THE RELEASE OF PERSONAL OR CONFIDENTIAL INFORMATION

Relevant information can be given or information shared with the following:

- ☐ Parent/Guardian
- ☐ Physicians
- ☐ Justice
- ☐ Child & Family Services
- ☐ Mental Health

- ☐ Extended Family: \_\_\_\_\_
- ☐ School
- ☐ Alcohol & Drug
- ☐ Clinical Nurses
- ☐ Other: \_\_\_\_\_

I understand why I have been asked to disclose my information, and I am aware of the risks and benefits of consenting, or refusing to consent to the disclosure of my information. This consent form is to be effective for the duration of my involvement with the Eastern Door Program. The consent may be withdrawn by written notice from me at any time. A photocopy or facsimile of this form shall be deemed as valid as an original.

Child's Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Telephone # (506) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Birth Mother's Date of Birth: \_\_\_\_\_ Health Card #: \_\_\_\_\_

Telephone # (506) \_\_\_\_\_ cell # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of Guardian (if needed)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date