Guichet d'accès DI, TSA et DP

CONSENT TO THE COMMUNICATION OF PERSONAL INFORMATION IN THE CONTEXT OF THE INTEGRATED SERVICE NETWORK FOR PERSONS WITH DISABILITIES

I, the undersigned, ____________________ in my capacity of ____________________ understand

Last name, First name User/Parent/Representative

- that the Integrated Service Network (ISR) brings together a group of partners who provide services and care in my territory (mentioned on the next page);
- that the integrated health and social services centres (CISSS) and the integrated university health and social services centres (CIUSSS) combine several facilities that offer health and social services in the same territory;
- that my request for services (or that of my child or family member) will be discussed by the access service team of my CISSS or CIUSSS territory;
- that the access service team is composed of staff who may come from different CISSS or CIUSSS;
- that this consent is valid for all requests for access to the services provided by Integrated Service Netword (ISN)
- that it is necessary to transmit verbal and written information about me, my child or my family member in order to analyze my request for services and orient the care, interventions and services required to meet my psychosocial, habilitation and rehabilitation needs;
- that this information concerning me is kept securely;
- that only authorized personnel, i.e. the referents and the partners involved (mentioned on the next page), can be contacted by a member of the access service team to clarify my request;
- that this consent is valid for 2 years from the signing date.

I certify

- that I have read (alone or with help) and understood this consent form;
- that I have had the opportunity to ask all my questions and obtained satisfactory answers;
- that I am free to accept and to revoke my consent that my personal information be shared among the Integrated Service Network (ISN) partners.

File no.	

I confirm that all the information contained in this form was entered before I signed.

By my signature, I authorize the communication of information concerning me (or my child or my relative) in order to orient the care, interventions and services required by my health condition and psychosocial needs or those of the person I represent. This authorization is granted to the Integrated Service Network for the persons with disabilities in the territory of
the CISSS/CIUSSS: ______________________________

User's signature	Name (in block letters)	Date	Time

Or

By my signature, I authorize the communication of information concerning : ______________________________
Name (in block letters)

Parent's or relative's signature	Name (in block letters)	Date	Time

or

Representative's signature	Name (in block letters)	Date	Time

or

Witness's signature (if necessary)	Name (in block letters)	Date	Time

Please note that only one signature is needed.

Personal information to share, if included

- ☑ Sociodemographic data (e.g. name, address)
- ☑ Medical history (e.g. diagnoses, diseases)
- ☑ Results of diagnostic examinations (e.g. X-rays)
- ☑ Pharmacological profile (e.g. all medications)
- ☑ Requests for services – past two years (e.g. home support services)
- ☑ Evaluation and consultation reports (e.g. physiotherapist's report, speech therapist's report)
- ☑ Intervention plan (PI, PII) for the past year
- ☑ Service plan (PSI) for the past year (document stating the needs, orientations, services provided, etc.)
- ☑ Recent multiclientele assessment tool (OEMC)
- ☑ Recent computerized clinical pathways tool (OCCI)
- ☑ Recent individualized service plan and allocation of services (PSIAS)

Integrated Service Network (ISN) partners who may be addressed: My territory's ISR has as partners all the institutions and agencies established in my territory that have made an agreement with the (CISSS/CIUSSS) or that will make one during the period that my consent is valid, namely:

- Other CISSS/CIUSSS
- Institution not merged
- Hospital
- Medical clinic
- Professional in private practise
- Family medicine group (FMG)
- Community pharmacy
- Community organization
- Domestic help social economy business (EÉSAD)
- School
- Childcare service
- Intermediate resources (IR) and family-type resources (FTR)
- Seniors' residence (RPA)
- Residential and long-term care centre (CHSLD)
- Other : ______