

Consent Directive

and

Privacy Statement Receipt

This form is completed to verify that you have received the Privacy Statement outlining the privacy practices of DSOTR and to instruct DSOTR on how your personal health information can be collected and disclosed for the purpose of accessing ministry funded supports and services.

In order to match you with third party service providers who best meet your needs, it may be necessary for us to disclose your personal information to these agencies. In making these disclosures, we will balance the need to maintain your confidentiality with the need to provide agencies with sufficient information to assess their ability to provide safe and high-quality services.

Name of applicant:

Date of Birth:

(yyyy-mm-dd)

DSO Toronto Region is authorized to:

Collect personal health information pertaining to the above named from Development Services agencies listed below

Disclosed personal health information pertaining to the above named with Development Services agencies listed below

You have control over your Personal Health Information (PHI) and have the right to restrict what happens with it. Please outline the restrictions you wish to apply and specify whether the restriction applies to the collection and/or disclosure of your PHI.

Restrictions:

None Apply

- | | | |
|-----|----|--|
| Yes | No | I understand the purpose of this consent directive and know where to go to get my questions answered |
| Yes | No | I have received a copy of the Privacy Statement Brochure and have a reasonable understanding of the information provided. |
| Yes | No | I have made my own consent directive decision(s) and I am signing this form voluntarily |
| Yes | No | I understand that the consent decision(s) I have made can be changed at any time, by providing notice to DSO/SP |
| Yes | No | I understand this consent directive form and the consent I have given is considered valid, unless DSO/SP is otherwise notified, or my service with DSO/SP ends |

Consent to Communicate via Text Message

Check this box if you agree to communicate with SP via text message for confirming or canceling appointments only. By agreeing to receive communications about your SP services appointment by text message, you acknowledge that text message is an unsecured, unencrypted messaging platform and that communicating by this method may result in greater risks if personal information is included in the message. Communication via text message will only contain confirmed or canceled appointment details and **should not include any personal information.**

Surrey Place is the administrator of DSOTR and is responsible for ensuring that the privacy practice of this program meets legislated requirements.

Dated:

(click & choose the date)

This form is signed by the applicant named on page 1.

Signature: _____

The applicant signing this form has a reasonable understanding of the positive or negative consequences of giving, withholding or withdrawing consent

This form is signed by an authorized representative on behalf of the applicant named above

Print Name of person signing

Relationship to Applicant

Signature

*Note: If the above is signed by a legal guardian, attorney for personal care or representative appointed by the Consent & Capacity Board (CCB), the guardianship order, power of attorney for personal care or **CCB order should be presented for verification purposes**. If there is no guardianship order, power of attorney for personal care or CCB order in place, no documentation is required if the substitute decision maker is the highest ranking relative in accordance with s.26 of the Personal Health Information Protection Act.*

Listing of Developmental Services Agencies in Toronto Region:

- ADDUS	- Family Service Toronto	- Montage Support Services	- Salvation Army, Booth Industries
- Bob Rumball Canadian Centre for Excellence for the Deaf	- Frontier College	- APTUS Treatment Centres	- Society of St. Vincent de Paul
- Centre for Opportunities, Respect and Empowerment (CORE)	- Geneva Centre for Autism	- New Leaf: Living and Learning Together	- Surex Community Services
- Christian Horizons	- Harmony Place Support Services	- New Visions Toronto	- Surrey Place
- Common Ground Cooperative	- JVS Toronto	- Springboard	- The Safehaven Project for Community Living
- Community Association for Riding for the Disabled (CARD)	- Kerry's Place Autism Services	- Participation House	- Unison Health and Community Services
- Community Living Toronto	- L'Arche Toronto	- Pegasus Community Project for Adults with Special Needs	- VITA Community Living Services
- Cota	- Lumenus	- Reena	- WoodGreen Community Services
	- Mary Centre	- Salvation Army Broadview Village	
	- Meta Centre		

Provincial Partners: PassportONE, DSO Central West Region, DSO Eastern Region, DSO North East Region, DSO Northern Region, DSO Hamilton Niagara Region, DSO South East Region, DSO South West Region, DSO Toronto Region.

Should any of the boxes on the front page be checked as "NO", follow up with the applicant or their SDM by DSO staff is required.

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