



CONSENT TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION Common Assessment Platform and Collaborative Space for:

Name of Individual: _____ Birth Date of Individual: _____

The Common Assessment Platform (CAP) is a way of collecting and making best use of information about you that has been provided directly by you or by someone helping you such as a physiotherapist; a resource teacher; a nurse; or a social worker. Coordinating information from assessments that you have participated in will help your team support you more effectively as you plan for and identify the supports and services that you may require in the future. Information on the site may be contributed by you and those supporting you including designated representatives from your personal network. Information on the Common Assessment Platform will be in summary form; full reports will not be included.

The Common Assessment Platform is one part of a Collaborative Space where you and your support team can provide and update information that helps build the picture of your goals and develop plans for the future with your team.

Your information on the Common Assessment Platform/Collaborative Space will be managed in a secure electronic system by the Ministry of Social Development and Social Innovation (SDSI). Personal information may include information related to assessments of your strengths and requirements, abilities and challenges, which will be used to assist with planning for supports and services you may be eligible for. Personal information collected about you as part of the CAP and the planning process is done so under section 26 (c) of the Freedom of Information and Protection of Privacy Act. Not all personal information collected from you under section 26 (c) will necessarily be entered into the Collaborative Space; limited information may also be used to assist in the coordination of supports and services you may wish to access in the community.

Using the information on the CAP should help reduce duplication, ensure consistency, and focus on the areas that will provide most assistance to you. Only information that is necessary to provide a fuller picture of you and to help build an individual plan with you will be shared and access to your information will be clearly restricted to those who are part of your support team and need to know.

In order to support you, the Ministry of Social Development and Social Innovation is seeking your consent to obtain personal information from members of your support team from the organizations listed below in order to create a summary profile and comprehensive plan. Refusal to consent is not a barrier to receiving services from SDSI or any of the members of your support team. You may also specify what information you do not wish to be shared with the members of your support team.

Individual:

I, _____ and my legal guardian* or my legal representative**,

(Name of individual)

of

(Legal Guardian or Legal Representative Name)

(Address)

(City)

BC, hereby give consent to the collection from and

disclosure to the members of my support team by and from the following organizations, as they relate directly to my services and supports, as noted and required:



- Ministry of Social Development and Social Innovation
Community Living British Columbia
Ministry of Children and Family Development
Ministry of Advanced Education
School Districts under the School Act
Health Authorities (under the Health Authority Act)
Ministry of Justice/Public Guardian and Trustee
Employment Programs of BC
Delegated Aboriginal Agency
Professionals registered with:
the College of Psychologists of BC
the BC Association of School Psychologists
the College of Speech and Hearing Health Professionals of BC
the College of Physicians and Surgeons of BC
the College of Occupational Therapists of BC
the College of Registered Nurses of BC
the College of Physical Therapists of BC
the BC College of Social Workers
members of other colleges certified under the Health Professions Act
members of my personal network: (provide up to two names)

* If I am under 19 years of age my legal guardian is my legal representative. This consent is effective from the date of signature until the date I turn 19 years old or I choose to withdraw my consent or I no longer receive supports from Services to Adults with Developmental Disabilities (STADD) project under SDSI

**If I am over age 19 and have a Court- appointed Committee or a Representative specified within a Representation Agreement, he or she is my legal Representative. This consent is effective from the date of signature until I or my legal representative choose to withdraw my consent or I no longer receive supports from Services to Adults with Developmental Disabilities (STADD) project under SDSI.

(Individual's Signature)

(Date)

(Signature of Legal Guardian if individual under age 19)

(Signature of Committee or Representative if individual over age 19)

OR

The following statement should be taken from a person supporting an adult to express consent:

I, _____, have communicated this notification and how the information that will be collected may be used and disclosed with _____ (Name of individual) who has communicated acknowledgement.

(Signature)

(Date)

(Address)

Any questions related to this consent may be directed to:

Table with 5 columns: Surrey (604-575-7586), Burnaby (604-660-0312), Nanaimo (250-390-6124), Kamloops (250-828-4401), Prince George (250-565-4357)