

To: **Children and Family Access Services**  
PO Box 9569 Stn Prov Govt  
Victoria BC V8W 9K1

**AUTHORIZATION FOR RELEASE OF RECORDS held by:**

The **Ministry of Children and Family Development** (the "Ministry") pursuant to section 22(4)(a) or section 33.1(1)(b) of the *Freedom of Information and Protection of Privacy Act*

I, \_\_\_\_\_,  
(name of individual whose personal information will be disclosed)

**understanding that the Ministry may have possession of the following types of records relating to me,**

- **Child service (CS) and family service (FS) files** – these types of files contain a wide variety of information including, but not limited to: personal history (familial, criminal, drug/alcohol issues, abuse (present or past), intake and investigations (reporter, collateral and interview information), legal/court agreements, financial documents, external assessments and reports, medical history, internal assessments and service plans, reviews, adoptions, general correspondence, social worker notes, family group conferencing and mediation. These types of files can also contain electronic media including audio and video tapes and CDs.
- **AH** - adoption home study information compiled in the process of approving a home to adopt a child.
- **AP** - post-adoption assistance services provided to families after an adoption has taken place.
- **VAN-AA** - agency amendments regarding changes made to an adoption.
- **VAN-CAS/ VAN-CCAS** (Vancouver Children's Aid Society/ Vancouver Catholic Children's Aid Society) - information compiled if a child was a ward of either of these organizations.
- **PABS** - post adoption brief services provided to someone after an adoption has taken place.
- **RE** – Resource (foster parent) files contain background information about the foster parent, information submitted to MCFD by the foster parent about themselves or their foster children, financial information, homestudy, annual reviews, critical incidents, protocol reviews, contracts, follow-up reports, interviews, letters, respite documents, case notes, emails, running records as well as licensing and financial documents.
- **CT** – contract information for each child that a foster parent has/ had in their home.
- **CYMH** – child mental health records such as referrals, meetings, diagnoses, medical history and intervention, recommendations.

**do hereby authorize the Ministry to disclose the following records relating to me:**  
*(please initial in the appropriate place and identify the relevant date range)*

**DATE RANGE - MM/DD/YYYY**

CS records	YES ___ to ___
FS records	YES ___ to ___
AH Records	YES ___ to ___
AP Records	YES ___ to ___
VAN AA records	YES ___ to ___
VAN-CAS/ VAN-CCAS records	YES ___ to ___
PABS records	YES ___ to ___
RE records	YES ___ to ___
CT records	YES ___ to ___
CYMH records	YES ___ to ___

Or \_\_\_\_\_  
*(otherwise describe the records to be released)*

**to:** \_\_\_\_\_  
*(full name and complete physical/ mailing address of the person to whom the records are to be released)*

**for the following purposes:**

\_\_\_\_\_  
\_\_\_\_\_  
*(describe the purpose of the disclosure)*

**My date of birth is (MM/DD/YYYY):** \_\_\_\_\_

**My contact phone number is:** \_\_\_\_\_

**This consent is for one time only, and expires on:** \_\_\_\_\_

**This consent is effective as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print name of Ministry client

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Ministry client