



**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) and Collaborative Space are 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 doctor, teacher, or a social worker. Bringing together information from the assessment that you 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 in the Collaborative Space may be contributed by you and those supporting you including designated representatives from your personal network. Information in the Collaborative Space will be in summary form; full reports will not be included.

The Collaborative Space is where you and your support team can provide and update information that helps build the picture of your goals and develop transition plans with your team.

Using the information in the Collaborative Space will 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.

Your information in the Collaborative Space will be managed in a secure electronic system by the Ministry of Children and Family Development (MCFD). 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.

Section 26 (c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA) permits the Ministry of CFD to collect personal information about you that relates directly to and is necessary for a Ministry of CFD program or activity. Services to Adults with Developmental Disabilities (STADD) is such a program. In addition, section 26 (e) of FOIPPA permits the Ministry of CFD to collect personal information about you that is necessary for the purposes of planning or evaluating STADD. However, in order for the Ministry of CFD to collect personal information about you indirectly for another source, rather than from you, section 27 (1) (a) (i) of the FOIPPA requires you to authorize that. Not all personal information collected from you under section 26 (c) or (e) will be entered into the Collaborative Space; relevant information will also be used to assist in the coordination of supports and services that you can access in your community.

To support you, the Ministry of CFD is seeking your consent to both obtain your personal information from and disclose it to members of your support team at the organizations listed below in order to create a summary profile and comprehensive plan. Even if you don't give this consent you will still be able to receive services from the Ministry of CFD or any of the members of your support team. You may also specify any information that you do not wish to be shared with the members of your support team.



Individual:

I, _____ or my legal representative (if applicable)*,
(Name of individual)
of
_____,
(Legal Guardian or Legal Representative Name) (Full Address)
_____,
(Phone number/email)

hereby give consent to personal information about me being collected from and disclose to the members of my support team at the following organizations, as they relate directly to my services and supports, as noted and required:

- Ministry of Children and Family Development
• Community Living British Columbia
• Ministry of Social Development and Poverty Reduction
• Ministry of Education
• Any "School Board" or "Francophone Education Authority" as those terms are defined in the School Act
• Any "authority" as that term is defined in the Independent School Act
• Ministry of Advanced Education, Skills and Training
• Ministry of Health
• Any "Regional Health Board" as that term is described in the Health Authority Act
• Ministry of Public Safety and Solicitor General
• Public Guardian and Trustee
• Any Aboriginal or Indigenous agency to whom a director under the Child Family and Community Service Act has delegated any of the director's powers, duties or functions
• Any First Nation
• British Columbia Aboriginal Network on Disability Society (BCANDS)
• Any other legal entity representing an Indigenous community
• 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 BC College of Nursing Professionals
- the College of Physical Therapists of BC
- the BC College of Social Workers
- any other college established or continued under the Health Professions Act
• Please include any other person or organization in your personal support network** you would allow sharing information with, such as a relative or a community support: (provide up to four names)



If I am at least 19 years of age this consent is effective from the date of signature until I or my legal representative, if I have a legal representative, withdraws this consent or I no longer receive supports from Services to Adults with Development Disabilities (STADD) under Ministry of CFD.

* If I am under 19 years of age this consent is effective from the date of signature until my legal representative withdraws this consent (if at that time I am still under 19 years of age), I or my legal representative, if I have a legal representative, withdraws this consent (if at that time I am at least 19 years of age) or I no longer receive supports from Services to Adults with Development Disabilities (STADD) under the Ministry of CFD.

**Members of your personal network can be someone you identify as a key person supporting your transition into adulthood. Please ensure you write their names out in full.

(Individual's Signature)

(Date)

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

OR (Only complete the section below if the individual is at least 19 years of age, is supported by an adult to express their consent and is unable to provide a signature above.)

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

I, _____, have communicated the contents of this document to _____ who has communicated to me their understanding and consent.
(Print Name)
(Name of individual)

(Signature)

(Date)

(Address)

Any questions related to this consent may be directed to:

STADD Helpline – 1-855-356-5609 / STADD Support Email - stadd_support@gov.bc.ca