



Client/Student Name _____
Health Record # _____
Date of Birth _____

CONSENT TO EXCHANGE OF INFORMATION WITH HOLLAND BLOORVIEW

To ensure that the quality of your child’s education in the Integrated, Education, and Therapy (IET) program is maximized, the Bloorview School Authority needs your consent in order to collect, use, and share your child’s information and personal health information with other organizations. Your information and your child’s information are private. Unless sharing it is permitted by law, the Bloorview School Authority will not disclose any of the information without your consent.

I/We, _____
Print First and Last Name of Parent(s)/Legal Guardian(s)

of _____
Street City Postal Code

hereby consent to an exchange and release of information (written and verbal) between the Bloorview School Authority and relevant staff from:

_____ **HOLLAND BLOORVIEW KIDS REHABILITATION HOSPITAL** _____
(Name of School Board/Agency/Organization)

in respect of: _____
Name of Student Date of Birth (dd/mm/yyyy)

I/We understand that this **two-way** exchange of information is to be used to direct and inform educational programming and the coordination of services. This may include school and classroom visits. I/We understand that my/our child’s personal health information will be disclosed between organizations to maximize the quality of education being provided to my/our child and this information will be held in confidence and maintained securely in accordance with Ontario’s privacy law called the *Personal Health Information Protection Act (PHIPA)*.

Signature of Parent/Guardian Relationship to Student

Dated this _____ Day of _____, _____.
(Month) (Year)

Authorizing person(s) may cancel or change the above authorization in writing at any time. The authorization is valid for the duration of the admissions process and, if applicable, the duration of the time the child is enrolled at Bloorview School.

Personal information contained in this form is collected pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Questions about the collection and the use of this personal information should be directed to Human Resources at the Bloorview School Authority at 416-422-7042.

One form must be completed for each Board/Agency/Organization.

