North Eastern Ontario
Family and Children's Services
Services à la famille et à l'enfance
du Nord-Est de l'Ontario

Consent to Access and/or Disclose Personal Information Under Part X of the *Child, Youth and Family Services Act, 2017* (CYFSA)

Personal Information: I understand that my personal information may include my date of birth, contact information, records of meetings with me and/or my family, the services I or my child received, the programs I or my child attended, details of physical and mental health, medical, psychological or psychiatric reports, school information, financial information, employment history, allegations or findings of child maltreatment, court documentation, police interventions, criminal history, the information that I reported/provided contained in the record, my or my child's views or opinions, the views and opinions of others about me or my child and information about my or my child's race, ancestry, place of origin, colour, ethnic origin, citizenship, family diversity, disability, creed, religion, age, sex, sexual orientation, gender identity, gender expression, cultural or linguistic needs, marital or family status.

I want North Eastern Ontario Family and Children's Services (NEOFACS) **to disclose**

☐ my personal information

_____ _____
Name *Date of birth*

_____ _____
Address *Contact number / Alternate number*

and/or

☐ the personal information of my child/ren

_____ _____
Name *Date of birth*

_____ _____
Name *Date of birth*

_____ _____
Name *Date of birth*

_____ _____
Name *Date of birth*

_____ _____
Name *Date of birth*

to _____
(Print name and address of person/organization you want to send your information – this gives permission to disclose your information to a third party)

Custody and Access

Are you currently involved or have you ever been involved in any custody and access court proceedings?	☐ **Yes**	☐ **No**
Is there or has there been a separation agreement or court order regarding custody and access?	☐ **Yes**	☐ **No**
If yes, do you have a copy of the agreement and/or order? *If so, please provide a copy of the agreement or order.*	☐ **Yes**	☐ **No**
Do you have custody of the child(ren)?	☐ **Yes**	☐ **No**
Do you have access to the child(ren)?	☐ **Yes**	☐ **No**

Type of Request

☐ Specific information (i.e. Assessment, Report, Birth Certificate):

_____

☐ Update from date: _____

☐ Summary requested Record Check for employment purposes

☐ All records

Limits (if any)

I wish to list or limit what personal information can be disclosed as follows:
(Describe the specific personal information you would like shared or any limits on what you do not want shared)

Signature

My name: _____

Signature: _____ **Date:** _____

My authority if Substitute Decision-Maker*: _____

***Please note:** A substitute decision-maker is a person authorized under CYFSA to consent, on behalf of an individual, to the collection, use, or disclosure of personal information about the individual, or under the Personal Health Information Protection Act to consent, on behalf of an individual, to the collection, use, or disclosure of personal health information about the individual.