

CONSENT TO THE EXCHANGE OF CONFIDENTIAL INFORMATION

Surname and name of student	
Current address	
Date of birth	
School name	
Surname and name of parent	Surname and name of parent



I, the undersigned _____ Name of Parent, Guardian or Student

In my capacity as _____ Parent, Guardian, Student

Authorize **Western Quebec School Board** to (select one or both as applicable):

Release information to _____
 Obtain information from _____
 Name of School or Organization

The Following Information:

- | | |
|---|--|
| <input type="checkbox"/> Academic Record | <input type="checkbox"/> Special Needs / Individualized Education Plan |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Speech & Language <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Psychological | <input type="checkbox"/> Psychiatric |
| <input type="checkbox"/> Other : _____ | |

For the Purpose of:

- Educational Planning** **Coordination of Services**
 Other: _____

This consent form remains valid until: _____

Signature	Date
Witness	Date

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INSTRUCTION FOR ENSURING INFORMED CONSENT FOR THE EXCHANGE OF CONFIDENTIAL INFORMATION

These instructions accompany the “Consent to the Exchange of Confidential Information” form. To complete this consent, a parent, guardian, or student (where applicable), must be fully informed and understand the following:

1. What specific information is to be disclosed?

Relevant information should be indicated, including Psychiatric, Psychological, Speech and language, Academic, Special Needs, Medical, Occupational therapy or other information as specified. Parents, guardians, or students (where applicable), have the right to determine which information is to be released and need to be informed about which information is relevant for the purpose specified (see below). They also need to be aware that access to pertinent information will make it easier to meet and plan for the student’s needs.

2. For what purpose the information is to be disclosed?

The information may be used for educational planning and/or the coordination of services. Other purposes can also be specified. When releasing information to an outside agency or institution, the information may be used for the provision of their services.

The consent to release the information is valid for no more than one year and may be specified to be less than a year. The consent may be rescinded or amended at any time. This request must be made in writing and would rescind or amend the consent except where action has already been taken in reliance on the original authorisation.

The authorizing signature on the consent indicates the parent’s, guardian’s, or student’s agreement to the disclosure of the specified confidential information, to the specified institution/agency/person for the specified purpose under a specified set of conditions.

Legal Reference:

Act respecting Access to documents held by public bodies and the Protection of personal information, CQLR c A-2.1

53.1. Consent under this Act must be clear, free and informed and be given for specific purposes. It must be requested for each such purpose, in clear and simple language. If the request for consent is made in writing, it must be presented separately from any other information provided to the person concerned. If the person concerned so requests, assistance must be provided to help him understand the scope of the consent requested.