

The John Howard Society of North Island
Consent to Collect, Use or Disclose Information

I, _____ give my permission to _____
(name of client) *(name of program worker & program)*

to contact the following person(s) and/or agency:

 Clinical supervisor; Program Manager

to collect and/or disclose the information needed to provide the following services. We will only collect information that is relevant to these services and nothing else.

This consent is for 90 days
 This consent is for one year

All information will be kept in strict confidence in accordance with the relevant laws and The John Howard Society of North Island (JHSNI) confidentiality policy. I understand that I can revoke my consent at any time by informing my program worker.

Signature of Client	Date	Date Expires
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Signature of Witness	Date	Date Expires
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Signature of Guardian	Date	Date Expires
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*Consent must be obtained from the parent or legal guardian if the client is a minor (under 12 years of age) or an adult who is incapable of providing informed consent.

 JHSNI operates under the provisions of the Freedom of Information and Protection of Privacy Act.

Renewal of Consent to Collect, Use or Disclose Information

Date: _____ Client Signature: _____
 Date: _____ Client Signature: _____
 Date: _____ Client Signature: _____

The John Howard Society of North Island
Client Rights and Responsibilities

Office Hours: Monday – Friday 8:30 to 4:30pm (closed between noon and 1pm).

You have the right:

- To express your views about decisions that affects you while participating in our programs.
- To be treated with respect in a non-discriminatory manner by JHSNI staff.
- To be served in an environment that is safe and free from any abuse or neglect.
- To choose whether or not to participate in the program or service and be informed about the consequences of non-participation (in a non-coercive manner).
- To be respected for your cultural heritage, and your religious and spiritual beliefs and to request these be considered in service planning (you can ask for an interpreter, if necessary).
- To invite family and/or legal guardians to participate in decisions.
- To make a complaint if you are not satisfied with the service (show Complaint Form and Representative for Children and Youth Complaint process).
- To be included in setting and reviewing goals and how to best achieve these goals (called a Service plan).
- To be informed of staff qualifications and be informed of the staff code of ethics.

Your responsibilities:

- Treat yourself and others with respect.
- To provide information that will assist us to provide you the best possible service.
- Come free of any alcohol, drugs, or weapons to appointments or group activities.

Your participation in our programs can finish when:

- You have achieved service goals.
- You no longer want to come.
- You no longer meet the criteria.
- If your needs exceed the organization's resources.
- If the court or probation approves closure.

Confidentiality

- You are entitled to privacy and to expect that all communication and records will be kept confidential.
- We will only collect, use or share your personal information with your permission or under a court order. We are, however, legally required to inform appropriate authorities in the case of child neglect or abuse, or the possibility of danger to you or others.
- If you are under the age of 12 you are required to have the consent of your parent or guardian to receive services.
- Information may be shared within JHSNI for clinical supervision and case management purposes.

File Access

- If you would like to see your file you can request to do this by talking to your program worker and filling out a form.

Feedback

- We are continually trying to improve our services and you will be given the opportunity to provide feedback about your satisfaction with the service. Your participation is completely voluntary and your responses will be kept anonymous and confidential.