



Children's Treatment Network
OF SIMCOE YORK

***Working Together
for Kids and Teens
with Multiple
Special Needs***



***Information families need to know in order to
provide Consent For Information Sharing***

**Consent & Privacy
Guide For Families**

What is Children's Treatment Network?

The Network is a new way of delivering comprehensive care and coordinated services to children and youth with multiple special needs who live in Simcoe County or York Region.

Network partners from healthcare, education, recreation, social and community service organizations have joined together so they can take a team approach to your child's care – at home, in the classroom and throughout the community.



The Single Plan of Care Approach

It's all about focusing a team on the needs of your child and family. The Network links hospitals, schools and community agencies so they can develop a single plan of care for your child.

Services are provided by professionals working within Network partner organizations who serve kids with multiple special needs in the community.

These professionals work alongside each child's family, in Child and Family Teams, to set goals based on the family's vision and develop a coordinated single plan of care for each child and family.

Single Plan of Care processes and tools, such as a **shared electronic record** and common assessments, have been developed to allow professionals from many different organizations to share information, coordinate services and work together to monitor a child's progress through all the stages of their development.



What Families Need to Know about Information Sharing and the Shared Electronic Record

In order to develop a coordinated single plan of care and provide your child and family with the services that best meet your needs, Network partner* agencies/ organizations working with your child will ask for information about your child and family and record your child's treatment and progress in an electronic record.

"Families want to tell their story once, and be certain that their confidential information is used and shared appropriately."

With your consent this information is shared:

- by only those professionals and organizations serving your child and family
- through verbal / written communication, and in a shared electronic record.

The **shared electronic record** allows professionals working with your child and family to view and document information about your child in a **secure and confidential** manner. It also means that you don't have to repeat information as often and allows your Child and Family team to build on past progress and experience.

* Network partners included in your consent are listed on the "Consent for Information Sharing and Collection of Personal Information" form.

Your Child's Shared Electronic Record is Secure and Protected

This web-based shared electronic record uses the same SSL technology that financial institutions use for online banking. In order for members of your child's team to use your child's electronic record, they must:

- Be authorized to access your child's password-protected record by their employer, a Network partner organization
- Attend training on the single plan of care process, the electronic record and privacy policies and guidelines
- Sign a confidentiality agreement



Your Right to Privacy

Privacy legislation protects your right to:

- Consent to how your information will be used and shared. Since your child's team could include service providers and professionals from healthcare, education, recreation and community services, the Network requires you to give express consent for these Network partners to share information.

In order for your consent to be valid, you must be given sufficient information for your consent to be knowledgeable. We encourage you to ask any questions you need to so that you understand how your providers will use and protect your information.

- Withhold or withdraw consent for information sharing, except in specific circumstances where disclosure is legally required under the Child & Family Services Act or ordered by a court.
- Provide consent in either verbal, written or electronic format.
- Request access to your child's or your electronic record and the information in it.
- Request that a correction be made to your record.

Type of Information Shared

Typically, the following information may be collected and stored within the electronic record and shared with the professionals working with your child and family:

- Contact and demographic information
- Birth and Developmental History
- Interview and Assessment information
- Relevant reports such as Diagnostic, School, Lab, and Transition reports
- Single Plan of Care
- Assessment and Progress Reports
- Clinical Notes

The Network must:

1. **Collect only the information we need to do our job**
2. **Protect your personal information**
3. **Take reasonable steps to ensure that the records are accurate and complete**
4. **Comply with privacy legislation**



Our Commitment to Your Privacy

1. All members of the Network are required by law to protect the information you share in strict confidence. They must ensure that you understand why certain information is being shared, who it is being shared with, and obtain your agreement for information sharing before any confidential information is used or shared.
2. The wishes of children, young people or families who do not consent to share confidential information will be respected, except when that places the child, young person or others, at increased risk of significant harm. Everyone has a 'duty to report' under the Child and Family Services Act.
3. If an individual places a limitation on consent for information sharing, they cannot restrict recording of personal / health information that is required by law or by established professional standards.
4. Network staff ensure that information shared is as accurate and current as possible.
5. The Network will provide you with access to the information contained in your/your child's electronic record, upon your request.

Information is collected pursuant to the Child and Family Services Act, R.S.O.1990, c.C1, the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act, 2004, and will be retained, used, disclosed and disposed of in accordance with the legislation and the nature of the information collected.

"The Network is committed to improving information sharing practice to better meet the needs of your child and your family, while protecting the privacy of personal information in accordance with all the relevant legislation"



How To Provide Consent for Information Sharing

There are two ways you can provide consent:

1. You can provide consent verbally to either a service provider working with your child or to Network ACCESS when you request services. The "Consent for Information Sharing and Collection of Personal Information" form is a guide for providing this consent.
2. You can provide consent in writing by completing the form and faxing or mailing it to Children's Treatment Network of Simcoe York – Network ACCESS, c/o Central CCAC, 1100 Gorham St., Unit 1, Newmarket, ON L3Y 8Y8.
Fax: 905-952-2412.

Your consent, whether verbal or written, will be documented in the shared electronic record. Please assist us to keep your information accurate and up-to-date.

For further information about the collection, use or sharing of personal information, or to discuss any concerns you may have, please contact the Privacy Officer at Children's Treatment Network of Simcoe York at 1-877-719-4795 or email privacy@ctn-simcoeyork.ca.

If you have more questions or concerns, you may call the Information and Privacy Commissioner of Ontario at 1-800-387-0073 or www.ipc.on.ca

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Network ACCESS: Tel: 1-866-377-0286 Fax: 905-952-2412

Network Administration: Tel: 1-877-719-4795

Public Website: www.ctn-simcoeyork.ca

Network Family Resource Website: www.ctn-simcoeyork.ca/ctnfamily



**Children's Treatment Network
OF SIMCOE YORK**



CONSENT FOR INFORMATION SHARING AND COLLECTION OF PERSONAL INFORMATION

Child or Youth's Name	Date of Birth	Shared Electronic Record Number

I understand that personal information will be collected, recorded, stored and used by Children's Treatment Network (CTN) (which for the purposes of this consent, includes those agencies and organizations that make up CTN), and their respective staff and agents who are providing, or are likely to provide services to:

<p>(Please check the box which applies)</p> <p><input type="checkbox"/> Me</p> <p><input type="checkbox"/> My Child and Family</p> <p><input type="checkbox"/> The Child for Whom I am a Guardian</p>	<p>For the following purposes:</p> <ol style="list-style-type: none"> To plan, monitor, and review services to be provided; To assess my/our needs in order to develop a single plan of care to be provided by the agencies and organizations that make up my child/family team and who require access to my personal information; To allow my child/family team to provide health care, education, social and other services, as directed by me.
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I understand that CTN will collect and use the following types of personal information and personal health information as necessary for the purposes listed above, including, telephone referral forms, histories, assessments, treatment plans, progress reports or notes, lab reports, IEPs, videotapes and DVDs.

LIMITATIONS

I understand that CTN will use and disclose (i.e. share) personal information with the appropriate providers within applicable organizations that make up CTN and are involved in providing care and services to me, in order to have the information they need to provide care and services, subject to any limitations on information sharing that I identify in writing.

Identify and insert any limitations here:

Agency / Organization	Limitations

CONSENT FOR ADDITIONAL ORGANIZATONS / PROVIDERS

In addition, I agree to the sharing of personal information to and from the agencies and organizations listed below who are involved in my child's / my care, but are not included in the list of Network partners on page 2 of this form (eg. other Network partners, physicians, providers, provincial programs).

Agency / Organization	Limitations



CONSENT FOR INFORMATION SHARING AND COLLECTION OF PERSONAL INFORMATION

Child or Youth's Name	
Date of Birth	
Shared Electronic Record Number	

I understand that I can withhold or place conditions upon my consent. I understand that I may withdraw my consent at any time, by providing written notice to CTN, but the withdrawal of consent shall not have retroactive effect.

Consent Provided:

Verbal Written

Written consent replacing verbal consent given on: _____

Consent Provided by:

Name (Print) Relationship to Client

Signature Date Phone
(Required if consent is provided in written form)

* If there is a custody arrangement or a substitute decision maker legally appointed, please confirm who has the right to consent and access information and arrange to have the agreement uploaded into the record. Consent from both parents is required if there is a joint custody arrangement.

Network Staff:

Name (Print) Signature

Date

Translator Declaration:

To the best of my knowledge, I have accurately translated the conversation between _____ and the parent / guardian / client / substitute decision-maker. I believe that this person understands the information given.

Name of Translator: _____

Signature of Translator: _____

Date: _____ Contact Information: _____

Family Member Provider

Translation Service (specify) _____

List of Network partners currently included in this Consent for Information Sharing for purposes of service planning and delivery:

Your Child & Family Team could be drawn from over 40 Network partners including school boards, hospitals, rehabilitation providers, and social and community service organizations that serve children and youth with special needs in your geographical area, including:

- 1 to 1 Rehab
- Barrie Area Native Advisory Circle (BANAC)
- Blue Hills Child and Family Centre
- Brain Injury Services, Muskoka Simcoe
- Catulpa Community Support Services
- Central Community Care Access Centre
- Closing the Gap Healthcare Group
- Comcare Health Services
- Community Living Assoc. for South Simcoe
- Community Living Huronia
- Deaf Access Simcoe Muskoka
- E3 Community Services Inc
- Georgian Bay General Hospital
- Kerry's Place Autism Services
- Kinark Child and Family Services
- La Clé d'Ia Baie en Huronie
- Learning Disabilities Association of South Simcoe
- Markham Stouffville Hospital
- New Path Youth and Family Services
- North Simcoe Muskoka Community Care Access Centre
- Orillia Soldiers' Memorial Hospital
- Regional Municipality of York
- Royal Victoria Hospital
- Safehaven Project for Community Living
- Season's Centre for Grieving Children
- Simcoe Community Services
- Simcoe County District School Board
- Simcoe Muskoka Catholic District School Board
- Social Services Network (York Region)
- Southlake Regional Health Centre
- The Speech Clinic
- VHA Rehab Solutions
- York Catholic District School Board
- York Central Hospital
- York Paediatric Therapy Services Inc.
- York Region Branch of Jewish Family & Child Services
- York Region District School Board
- York Region Family Services
- York Support Services Network (YSSN)
- YMCA of Simcoe Muskoka
- Zareinu Education Centre
- Children's Case Coordination of Simcoe County (Catulpa)
- Children's Case Coordination of York Region (YSSN)

Provincial Partners

- Canadian Hearing Society
- Canadian National Institute of the Blind
- Electronic Child Health Network (eCHN)
- Holland Bloorview Kids Rehabilitation Hospital (Bloorview Kids Rehab)
- SickKids (Hospital for Sick Children)

* To provide consent for additional organizations / providers working with the child who are not included in this list, please fill out the box on the bottom of pg 1.

Children's Treatment Network Consent

For more information, contact Network ACCESS at 1-866-377-0286 or Privacy Officer at 1-877-719-4795