



# FAMILY CONSENT FORM



## Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided

The information collected directly from you will be forwarded to respiteservices.com (hosted by **Children's Community Network**). By signing this consent form, you will be consenting to the collection, use and disclosure of personal information contained in the application form in accordance with the respiteservices.com Privacy Policy and the Terms of Use.

The information that you provide will be used for the following purposes:

- to facilitate connecting you with workers seeking respite work in order to meet your respite needs;
- to facilitate the process of referring you to, or applying for, respite programs and option(s);
- to facilitate both processes above;
- to contact you regarding upcoming events, activities and programs that may be of interest;
- to send you information, documents or forms required to keep your information up-to-date; and
- for quality assurance purposes, including feedback on how effective and helpful our services have been, to allow us to improve our services

In cases where you would like to be connected to respite programs or options, there will be a need to disclose the information to other respite agencies/service providers. Your request implies consent to forward your information to these agencies.

Furthermore, some of the information collected will be summarized periodically to facilitate community/provincial planning activities. Such information summaries will not include personal identifiers (e.g., name, address, phone number, etc).

## Consent

I \_\_\_\_\_, have reviewed and fully understood the Statement of Purpose for the Collection, Use, and Disclosure of Personal Information. I understand that I can refuse to provide consent. I also understand that at any time I can access and change my information or withdraw my consent by providing notice in writing to **Children's Community Network**. I authorize the collection, use, and disclosure of my personal information for all the purposes identified above.

I agree, as the:                     Parent                     Guardian                     Individual

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Individual Signature

\_\_\_\_\_  
Witness Signature

## Withholding Consent

If there are there any restrictions regarding the collection, use, and disclosure of the information provided please provide the details below.

\_\_\_\_\_  
\_\_\_\_\_

If you do not authorize the disclosure of your information to other respite agencies, please indicate them below:

Child Care Resources     Child and Family Centre     HRSRH Children's Treatment Centre     ICAN

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Individual Signature

\_\_\_\_\_  
Witness Signature

Sponsored by Children's Community Network

respiteservices.com respects your privacy. We protect your personal information and adhere to all legislative requirements. We do not rent, sell or trade our mailing lists. The information you provide to us will be used to connect you to suitable workers, keep you informed about our activities and other respite programs/services and to send update forms. If at any time you wish to stop receiving this information, simply contact CCN at 877-272-4336 or via e-mail at [sudburymanitoulin@respiteservices.com](mailto:sudburymanitoulin@respiteservices.com).