

Consent to Service Coordination and/or Referral
Kids Pathways Peel (KPP)
Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided

Kids Pathways Peel (KPP) is a community partnership developed to support families in Peel with accessing the appropriate service coordination services. The partnership includes: **Brampton Caledon Community Living, Child Development Resource Connection Peel, Community Living Mississauga, ErinoakKids Centre for Treatment and Development and Kerry's Place Autism Services Peel.**

The intake and initial collection of information for KPP is completed by Child Development Resource Connection Peel (CDRCP).

The information collected directly from you will be forwarded to a Kids Pathways Peel partner agency/agencies when relevant in supporting service coordination.

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

- to facilitate connecting you with health care, community and/or social services resources
- to facilitate the process of referring you to KPP partner agency/agencies (when applicable)
- for KPP partners to assess how effective and helpful their services have been

Non-identifying data will be used for KPP reporting and program development purposes. Identifying information such as name, address, phone number will be removed prior to reporting.

Client Information:

Child's Name:

Last _____ First _____ Middle _____

Date of Birth:

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dd / mm / yyyy

I understood the meaning of consent and the purposes of the program as described above. I can revoke my consent at any time by contacting CDRCP.

EXPLICIT CONSENT

I hereby consent to the collection of information by CDRCP to provide support, develop goals, and support a referral if required, to a KPP partner. I understand that the information will be shared with the appropriate partner(s).

Parent #1/Legal Guardian:

Signature

Date

Relationship to Client

If applicable: Parent #2/Legal Guardian:

Signature

Date

Relationship to Client

I understand and acknowledge information will be sent via, e-blasts, documents or forms as relevant. I understand I can revoke my consent at any time by contacting CDRCP.

EXPLICIT CONSENT

I hereby consent for CDRCP to send me e-bulletins/e-blasts to keep me connected and informed of relevant information and updates.

Parent #1/Legal Guardian:

Signature

Date

Relationship to Client

If applicable: Parent #2/Legal Guardian:

Signature

Date

Relationship to Client