



INFORMATION EXCHANGE CONSENT FORM

Jordan's Principle aims to reduce barriers experienced by First Nations children when trying to access support and care required to maintain a safe and healthy lifestyle. Jordan's Principle in Manitoba applies to First Nations children aged 0 to 17 and can help with a wide range of health, social and educational needs. For more information and specific eligibility criteria go to www.jordansprinciplemb.com.

How to use this form: Providers can use this form to confirm a child's consent to the sharing of their personal information or personal health information. A child (under 18 y.o.) may provide consent or, in the case of a child who is incapable of giving consent, the child's parent or legal guardian may provide consent.

Client Information			Date (mm/dd/yyyy):
First name:	DOB (mm/dd/yyyy):	Gender: M F X	
Last name:	Band:		
MHSC#:	PHIN:	Status #:	
Address:		Phone:	
Mode of Communication (circle): Speech / Sign Language / Gesture / Augmentative (symbol-based)			
Pref. Spoken Language:	Interpreter needed?: Y / N	Language:	
Parent/Legal Guardian/Caregiver Information			
Name:	Relationship to Client: Parent / Legal Guardian / Caregiver		
Address:		Phone:	
Is Client involved with a child & family agency? Y / N	CFS Worker's Name:		
Agency:	Phone:		
Information Exchange Consent			
SECTION 1. CONSENT TO SHARING OF INFORMATION			
<p>I understand that some personal information and/or personal health information may need to be shared for the purpose of assessment, treatment, planning and developing programs and/or strategies that will benefit the individual or family. I understand that personal information or personal health information is disclosed in order to act in the best interest of the person. I understand that the information shared will be on a need-to-know basis only.</p> <p>The Personal Health Information Act (PHIA) and the Protecting and Supporting Children (Information Sharing) Act allow service providers to share personal information and/or personal health information with other service providers without consent in certain circumstances. I understand that personal information and/or personal health information may be shared without my consent for the purpose of providing timely and necessary services or care.</p> <p>I understand that each of the participating organizations/agencies listed in Section 2 will maintain confidentiality of the information in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA), the Personal Health Information Act (PHIA), the Privacy Act, the Access to Information Act, the Personal Information Protection and Electronic Documents Act (PIPEDA) and any other applicable legislation. I understand that person(s) not authorized under the Act(s) and who wish to receive information, or a copy of a report, are required to obtain consent from the individual or their authorized legal representative or legal guardian.</p> <p>I _____ consent to the sharing of <u>my/my child's</u> personal information and/or personal health information between organizations/agencies listed in Section 2. I understand that <u>I/my child</u> can withdraw this consent at any time. I understand that doing so would in no way affect <u>my/my child's</u> ability to access services in the future.</p>			
(continued on next page)			

Client Name:	DOB:	PHIN:
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Information Exchange Consent (continued)

SECTION 2. PERMISSIONS

My/my child's personal information and/or personal health information may be shared with the following organizations/agencies/individuals:

Organization/ Agency/ Individual:	
Organization/ Agency/ Individual:	
Organization/ Agency/ Individual:	
Organization/ Agency/ Individual:	
Organization/ Agency/ Individual:	
Organization/ Agency/ Individual:	

SECTION 3. EXCLUSIONS

My/my child's personal information and/or personal health information **MAY NOT** be shared with the following organizations/agencies/individuals:

Organization/ Agency/ Individual:	
Organization/ Agency/ Individual:	
Organization/ Agency/ Individual:	
Organization/ Agency/ Individual:	

Signatures

Signature of Client:	Date:
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Print Name of Client:

Signature of Parent/Legal Guardian:	Date:
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Print Name of Parent/Legal Guardian:

Signature of Witness:	Date:
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Print Name of Witness: