



Northwest Regional FASD Society – Mackenzie Network

10502-103 Street High Level, AB T0H-1Z0
Phone (780) 926-3375 Fax (780) 926-3376
PO Box 3668

Consent Form

A. Consent for Service

I, _____, am receiving services from the Life Program with the NWR FASD
(Individual/Guardian)
Society-Mackenzie Network.

I commit to participate with the Support Worker of the NWR FASD Society in a service plan for myself and/or my family.

B. Consent for Authorization for the Release or Receipt of Personal and Confidential Information

I, _____, hereby grant permission to NWR FASD Society-Mackenzie
(Individual/ Guardian)
Network, to release or receive any relevant information pertaining to services that:
_____ is receiving from NWR FASD Society Programs, for one or more of the
(Individual/Guardian)
following purposes listed below:

- a) To learn how to adjust to living with a child who has FASD
- b) To obtain assessments for FASD clinic
- c) To receive continuum of care services for FASD
- d) _____
- e) _____

I understand that such information appropriate to the services provided will be released or received in confidence by the appropriate personnel between NWR FASD Society – Mackenzie Network and the following person(s), agencies or organizations:

Released to:

Social Worker and Supervisor with Ministry of Children’s Services	Medical Professionals
North Peace Tribal Council Child and Family Services	Linked Agency Staff working with the family
Foster Family / Caregivers	Family Supports for Children with Disabilities
Involved Psychiatrists, Psychologists and Other Professionals	PCN FASD Clinic Coordinator
Involved School Personnel	LRRCN Child and Family services
Other _____	

Released From:

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Involved Psychiatrists, Psychologists and Other Professionals	PCN FASD Clinic Coordinator
Involved School Personnel	LRRCN Child and Family services
Other _____	

None of the above parties may make further release of this information without the written permission of the Guardian/Client. **This authorization is to be effective during the entire duration of the client’s involvement with the NWR FASD Society-Mackenzie Network and may be withdrawn, with written notice, by the signatory at any time.** In the event of termination from any of the NWR FASD Society-Mackenzie Network Programing, the consent will be made null and void on the day of discharge.

C. Consent for Participation in Research

I, _____ consent to have information from the case record used, without breach
(Individual/Guardian)

of confidentiality, for the purpose and nature of the following research:

- Tracking demographic information and program monitoring and evaluation.

I have been informed that any information gathered for such purpose shall be destroyed immediately upon completion of the research.

D. Diagnostic Information

I, _____, hereby grant permission to NWR FASD Society – Mackenzie
(Individual/ Guardian)

Network to access Fetal Alcohol Spectrum Disorder Diagnostic and Neuropsychological reports.

Signature of Parent/Guardian/Individual

FASD -Support Worker/Mentor-Life

Date