Pediatric School Age Therapy Program Consent to Release and Exchange Information

The Pediatric School Age Therapy Program is a British Columbia program funded jointly through the Ministry of Children and Family Development, the Ministry of Education, and local health authorities. In North and West Vancouver, Richmond, and Vancouver these services are provided by Vancouver Coastal Health Authority (VCH) through its local Pediatric Team. Services are provided on a consultation basis and may include:

- assessments;
- training and monitoring of school support staff to provide direct supervision and support;
- equipment and exercise prescription;
- resource provisioning;
- consultation with family, school and additional health care practitioners; and
- consultation for IEP goal development.

These services may include taking photos or videos of your child, for the purposes listed above. Photos and videos will not be used for advertising or social media purposes. VCH collects, uses and shares personal information only in accordance with BC's *Freedom of Information and Protection of Privacy Act*. This consent remains valid for the length of time your child is an active client of the Select your team Team.

Please visit http://www.vch.ca/your-care/virtual-health for more information.

By providing your consent, you authorize VCH to collect, use and share information about you and/or your child as described above, for purposes of providing services for your child.

CHILD'S NAME/INFORMATION:

Last Name	First Name	Date of Birth	PHN

You may withdraw your consent at any time by contacting the Select your team Team.

Your consent authorizes Select your team Team to obtain/release/discuss information from/to/with other professionals involved in service delivery for the child including (please select all applicable choices):

- ☐ School District
- ☐ BC Centre For Ability
- ☐ MCFD At Home Program
- ☐ CYSN Social Worker
- ☐ Family Doctor
- ☐ Pediatrician
- ☐ Equipment Vendors
- ☐ Orthotists
- ☐ Private Therapists
- ☐ Other

Print name of Parent/Legal Guardian	Date

Signature of Parent/Legal Guardian	Address

Pediatric Team Member Obtaining Consent, Discipline	Team member contact information

For questions or concerns around confidentiality please contact the VCH Privacy Office at privacy@vch.ca.