KFLA ABI and Addiction/Mental Health Collaborative

AUTHORIZATION TO RELEASE/OBTAIN PERSONAL HEALTH INFORMATION

Client name: _____
(Surname, First Name)

Date: _____
(YYYY/MM/DD)

Originating Organization: _____

I hereby authorize _____
(name of organization releasing information)

to release to, the KFLA ABI and Addiction/Mental Health Collaborative, with the following exception (if any): _____ personal health information from relevant client records, in accordance with the policy(ies) of the originating organization, regarding:

_____ _____
Surname, First Name (D.O.B) (YYYY/MM/DD)

Client: Surname _____ First name _____ D.O.B _____
(YYYY/MM/DD)

The **ABI (Acquired Brain Injury) and Addiction/Mental Health Collaborative** is a group of service providers who meet regularly to hear about people who meet specified criteria and are believed to be at risk. The providers talk about what services they are able to offer to address and hopefully reduce the risk.

The information to be disclosed/obtained shall be limited to that which is necessary, either verbal or written, to **assist with the provision of treatment, rehabilitation and support services to address unmet needs creating actual or potential high risk,** as outlined above.

This authorization shall be valid for 6 months from the date of signing, unless I advise that I have withdrawn my consent, and does not permit further disclosure without my specific written consent.

_____ _____
Individual (over 16 years of age) Date Witness Date

Relationship to client: ☐ Self

_____ _____
Substitute Decision Maker Date Witness Date

Relationship to client	
☐ Parent	☐ Substitute Decision Maker
☐ Guardian	☐ Legally Appointed Designate*
☐ Power of Attorney*	☐ Other

***If you are the Power of Attorney or legally Appointed Designate, please provide a copy of the document to support your status.** ☐ Attached

CONSENT INFORMATION SHEET

What is the KFLA ABI and Addiction/Mental Health Collaborative?

The **KFLA (Kingston, Frontenac, Lennox and Addington) ABI (Acquired Brain Injury) and Addiction/Mental Health Collaborative** is a group of service providers who meet regularly to hear about people who meet specified criteria and are believed to be at risk. The providers talk about what services they are able to offer to address and hopefully reduce the risk.

The specified criteria that must **all** be met are as follows:

- 16 years of age or older
- Lives in SEO (Southeastern Ontario)
- Evidence of moderate to severe ABI
- Evidence of mental illness and/or evidence of substance use disorder
- Presence of high risk situation as defined
- Unmet needs

High risk means “individuals or families facing a number of risk factors that affect multiple areas of the individual’s life and in all likelihood will lead to something bad happening and happening soon. These could include individuals that may be at risk of doing harm to others, becoming a victim, relapsing on a treatment plan, and/or ending up on the street.”

The KFLA Collaborative members are as follows:

- SEO ABI System Navigator
- Providence Care Community Brain Injury Services
- Street Health, Kingston
- Dr. Wilma Wildenboer-Williams, Addiction Medicine
- Addiction and Mental Health Services – KFLA
- Providence Care Hospital Mental Health Services
- Providence Care Hospital Rehabilitation Services
- Providence Care Community Adult Mental Health Services
- Queen’s University Consultation Liaison (Psychiatry)
- Home Base Housing
- Home and Community Care Support Services South East

Other(s) Please specify: _____

Why am I being asked to give consent to the ABI and Addiction/Mental Health Collaborative?

Someone who knows of your situation believes you have unmet needs and are at risk. Providing consent to **ABI and Addiction/Mental Health Collaborative** allows for a discussion about potential ways to help you and reduce risk.

What are the potential benefits to me if I provide consent?

The following might be made available to you:

- services that could improve your life
- better coordinated services
- better communication amongst your service providers about how best to meet your needs

What are the potential risks to me if I provide consent?

- You may feel service providers are trying to convince you to have services you do not think you need. It is your, or your Substitute Decision Maker's choice, to receive services, but we encourage you to ask about the services first and have all your questions answered and risks discussed.
- You might have more or different service providers in your life if you are offered and chose to accept additional services.

What are the potential risks to me if I do not provide consent?

- Someone has identified you as being at risk. If the risks are not addressed, there might be harm to yourself or others. If we feel you or others around you are at significant risk of serious bodily harm, we may be obliged to disclose your personal health information even without your consent.