

# ABI AND ADDICTION/MENTAL HEALTH COLLABORATIVE CONSENT TO SERVICE FORM

The **Southeastern Ontario ABI (Acquired Brain Injury) and Addiction/Mental Health Collaborative** is a group of service providers in each of the three regions of Ontario Health South East (Kingston, Frontenac, Lennox and Addington; or Hastings Prince Edward; or Lanark Leeds Grenville) 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 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.

I acknowledge that I have received and reviewed the *Consent Information Sheet* and hereby consent to receiving services from the following Collaborative(s):

- Kingston, Frontenac, Lennox and Addington (“KFLA”) ABI and Addiction/Mental Health Collaborative**
- Hastings Prince Edward (“HPE”) ABI and Addiction/Mental Health Collaborative**
- Lanark Leeds Grenville (“LLG”) ABI and Addiction/Mental Health Collaborative**

I authorize the disclosure of all Personal Health Information from relevant records to members of the Collaborative for the purposes outlined in the *Consent Information Sheet*.

I understand that the Collaborative Membership will participate in the meeting to assist with care planning. I consent to the following **outside** service providers to attend the discussions and receive updates:

Agency	Staff Name and Title	Telephone and Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The authorization shall be valid for 6 months from the date of signing, unless I advise that I have withdrawn my consent, and does not permit further disclosure without my specific written consent.

\_\_\_\_\_  
Client Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
(If applicable) Substitute Decision Maker \_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature \_\_\_\_\_  
Date

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

# **ABI AND ADDICTION / MENTAL HEALTH COLLABORATIVE CONSENT INFORMATION SHEET**

## **What is the Southeastern Ontario ABI and Addiction/Mental Health Collaborative?**

The **Southeastern Ontario ABI (Acquired Brain Injury) and Addiction/Mental Health Collaborative** is a group of service providers in each of the three regions of Ontario Health East (Kingston, Frontenac, Lennox and Addington; or Hastings Prince Edward; or Lanark Leeds Grenville) 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 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)
- Suspected or evidence of moderate to severe Acquired Brain Injury (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.”

## **What is the purpose of the Southeastern Ontario ABI and Addiction/Mental Health Collaborative?**

The purpose of each Collaborative is to discuss and identify the services that would best meet your needs.

## **Which Healthcare and Service Provider Organizations are involved in the Southeastern Ontario ABI and Addiction/Mental Health Collaborative?**

Any and all Collaborative members will be affiliated with at least one of the following:

- SEO ABI System Navigator
- Providence Care Community Brain Injury Services
- Pathways to Independence
- Street Health Centre, Kingston
- Dr. Wilna Wildenboer-Williams, Addiction Medicine
- Addiction and Mental Health Services – KFLA or LLG
- Lanark County Mental Health
- Canadian Mental Health Association Hastings Prince Edward
- Providence Care Hospital Community Mental Health Services
- Providence Care Hospital Rehabilitation Services
- Neuropsychiatrist and Consultation Liaison Psychiatrist at KGH
- Home Base Housing
- Home and Community Care Support Services South East

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

You, or your Power of Attorney or legally Appointed Designate, are ultimately the final decision maker on how your care plan develops and have the right to control how your personal information and personal health information is collected, used, or disclosed. To reflect this, it is our policy that we receive consent before any discussions take place.

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.

## **How will my information be used by the Southeastern Ontario ABI and Addiction/Mental Health Collaborative?**

Your information is used in either a written or verbal format depending on the circumstances; however, most personal health information is presented verbally during a discussion.

## **Who will have access to my information in the Southeastern Ontario ABI and Addiction/Mental Health Collaborative?**

Your information may be discussed present at the group discussion and receiving updates of action items with:

- (1) Agents of the Service Providers and Healthcare Organizations involved in the Southeastern Ontario ABI and Addiction/Mental Health Collaborative in their capacity as agents of the aforementioned Health Care Organizations; and
- (2) Those who have been added to the ABI AND ADDICTION/MENTAL HEALTH COLLABORATIVE CONSENT TO SERVICE FORM; and
- (3) The SEO ABI System Navigator.

## **What information will be shared in the Southeastern Ontario ABI and Addiction/Mental Health Collaborative?**

The information used during a discussion may include:

- (1) Name of your Primary Care Provider;
- (2) Your First Name and Last Name;
- (3) Date of Birth and age;
- (4) Gender;
- (5) Ethnicity;
- (6) Connection to, and information from, a previous discussion in the ABI and Addiction/Mental Health Collaborative;
- (7) Current or past involvement with other agencies;
- (8) Present healthcare challenges; and
- (9) Any other Personal Health Information necessary to assist in the facilitation of the discussion.

### **How will my information be kept secure?**

All three ABI and Addiction/Mental Health Collaboratives have group members that are Health Information Custodians as defined under the *Personal Health Information Protection Act* and as such, must have information practices that ensure administrative, technical, and physical safeguards are in place to protect the information used during a discussion.

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

Potential benefits arising from enrollment in the ABI and Addiction/Mental Health Collaborative may include:

- Identification of healthcare and social services that could improve your quality of care.
- Creation of a direct line of communication between important services providers and your healthcare and social care providers to facilitate discussions on how to best meet your healthcare needs.
- Faster identification of key referrals.
- An overall reduction in communications with unproductive referrals.

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

Potential risks arising from providing consent to the ABI and Addiction/Mental Health Collaborative may include:

- The discussion not leading to a referral. Although the goal of the discussion is to provide you with relevant recommendations and referrals, it may be the case that, after a thorough discussion it is determined that you would not benefit from a referral to any of the group members present; or, alternatively, the group may be unable to determine whether a referral would improve your care plan.
- A privacy breach. Although there are administrative, technical, and physical safeguards in place to reduce the risk of a privacy breach, the risk of a breach is never zero.

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

Potential risks arising from not providing consent to the ABI and Addiction/Mental Health Collaborative may include:

- A lack of open discussion with other healthcare and social service providers, which may impact your primary care provider's ability to identify and meet your healthcare and social care needs.
- An overall slower identification of key referrals, which may impact the ability of your healthcare and social care provider(s) to identify and meet your healthcare and social care needs.
- Prolonged development of your healthcare plan which may impact the ability of your social service provider(s) and primary care provider(s) ability to identify and meet your healthcare and social care needs. Increased communication and information sharing with other healthcare and social service providers, which may ultimately lead to unproductive or unnecessary referrals.