

THUNDER BAY INTEGRATED ADDICTION SERVICES CONSENT TO SERVICE

TERMS OF SERVICE

INTEGRATED ADDICTION SERVICES

Crossroads Centre Inc. is a partner agency of Thunder Bay Integrated Addiction Services. By signing this agreement, you are consenting to come into a program that involves and defines services through an integration of addiction and mental health programs. The purpose of integration is to enhance continuity of care, collaborate on program delivery and provide coordinated case management. Your counselor will review the Consent to Obtain/Release Information which will list all agencies that you have agreed to include in your care plan.

COUNSELLING & PROGRAM STAFF

The staff of the Thunder Bay Integrated Addiction Services are skilled professionals who combine educational qualifications with field experience. A team approach is used and some elements of your situation may be shared with partner agencies on a need to know basis. All staff adhere to the Code of Ethics of their professional organization and/or the Ontario College of Social Workers and Social Service Workers Code of Ethics as the standard for professional behaviour.

CONFIDENTIALITY

Anything discussed between you and your counsellor is private and confidential within the integrated team. All staff and students are bound by the policies of their respective agency. Clients entering into service are required to be admitted into an information database. These systems are confidential and access is limited to authorized personnel. File data may be accessed for research purposes, accreditation review or file audit.

In order for us to release or obtain information about you outside of the Thunder Bay Integrated Addiction Services, you must first give permission for us to do so. This permission must be documented in writing and recorded in your case file. At any time, you may revoke the Consent to Release or Obtain Information by making a request in writing. There are some limits to confidentiality, required by law, where information may be given without your consent.

These include:

1. ***Cases of suspected child abuse or neglect will be reported to the appropriate Child Welfare agency.***
2. ***Duty to Warn - reasonable belief that informing is necessary to prevent a risk of death or serious injury.***
3. ***Duty to report- a professional who has breached their Code of Ethics.***
4. ***A subpoena or summons is served by the court.***
5. ***A medical emergency.***
6. ***When a person arrives impaired and insists on driving, the police will be notified if alternative arrangements are refused.***

APPOINTMENTS

We strongly encourage you to keep your scheduled appointments to ensure continuity of service. Failure to keep an appointment may result in your file being closed and you may have to wait to resume service. If your appointment time is not convenient for you, ask your counselor about making alternative arrangements.

ACCESS TO RECORDS

All records are the property of the agency. You can have access to information contained in your file, through your counselor and as per agency policy.

ACCESS TO POLICIES & PROCEDURES

Agency Policies and Procedures are available for your review. If you have any questions, concerns, or comments about any aspect of our service, a counselor, supervisor or manager will be available to talk or meet with you. We take great pride in the quality of our service and your input is valuable.

QUALITY ASSURANCE

It is important for us to know what you think about our programs and services. We may ask you sometime in the future to give us your thoughts. Your feedback will be held in the strictest confidence.

I _____, understand this information and accept
(Please print)

the Terms of Service offered by Thunder Bay Integrated Addiction Services.

Signature: _____

Date: _____

Witness: _____

Copy Given: _____

**THUNDER BAY INTEGRATED ADDICTION SERVICES
CONSENT TO OBTAIN / RELEASE INFORMATION**

The protection of your privacy and the delivery of high quality care is our priority. In order to best serve you, a group of service providers, all committed to the protection of your privacy, are working together to support your decisions regarding your care. With your permission, we will share information with each other and with other agencies to support you in developing a plan of care that is designed to support your choices and decisions.

The following agencies are part of a service system which is designed to support you in reaching your personal goals.

Thunder Bay Counselling Centre _____ Addiction Services, Thunder Bay, ON	Crossroads Centre Inc. _____ Thunder Bay, ON
St. Joseph's Care Group _____ Addiction & Mental Health Services Thunder Bay, ON	Children's Centre Thunder Bay _____ New Experiences Program Thunder Bay, ON
Alpha Court Community Mental Health Services _____ Other Agency _____ Thunder Bay, ON	

If you are in agreement for the above named agencies and related programs to share assessment, treatment and case management information, please indicate your authorization by initialing beside each relevant agency.

In addition, there may be cause to share your personal health information with other care providers and agencies to support you in meeting your personal goals. If you are in agreement for the agencies listed below to obtain/release information with the authorized agencies in Thunder Bay Integrated Addiction Services please sign beside each agency indicating your authorization.

Consent to release/request information from the persons/agencies below:	Date	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Having read and understood this form, I hereby authorize the identified agencies of Thunder Bay Integrated Addiction Services to Release/Request Information to/from each other and to/from the persons/agencies listed above. I also understand that I can withdraw my consent in writing at any time and that I can restrict the nature and type of information shared. This consent is considered valid for a period of six (6) months from the date of signature when it will be reviewed and renewed as required.

_____	_____	_____
Name (Please Print)	D.O.B. (dd/mm/yy)	Signature
_____		_____
Reviewed and Witnessed By		Date
Substitute decision maker _____		
(Please Print)		
Signature: _____	Date: _____	Relationship: _____