

## **CONSENT TO THE COMMUNICATION OF PERSONAL INFORMATION IN THE CONTEXT OF THE INTEGRATED SERVICE NETWORK FOR PERSONS WITH DISABILITIES**

I, the undersigned, \_\_\_\_\_ in my capacity of \_\_\_\_\_ understand  
Last name, First name User/Parent/Representative

- that the Integrated Service Network (ISR) brings together a group of partners who provide services and care in my territory (mentioned on the next page);
- that the integrated health and social services centres (CISSS) and the integrated university health and social services centres (CIUSSS) combine several facilities that offer health and social services in the same territory;
- that my request for services (or that of my child or family member) will be discussed by the access service team of my CISSS or CIUSSS territory;
- that the access service team is composed of staff who may come from different CISSS or CIUSSS;
- that this consent is valid for all requests for access to the services provided by Integrated Service Network (ISN)
- that it is necessary to transmit verbal and written information about me, my child or my family member in order to analyze my request for services and orient the care, interventions and services required to meet my psychosocial, habilitation and rehabilitation needs;
- that this information concerning me is kept securely;
- that only authorized personnel, i.e. the referents and the partners involved (mentioned on the next page), can be contacted by a member of the access service team to clarify my request;
- that this consent is valid for 2 years from the signing date.

### **I certify**

- that I have read (alone or with help) and understood this consent form;
- that I have had the opportunity to ask all my questions and obtained satisfactory answers;
- that I am free to accept and to revoke my consent that my personal information be shared among the Integrated Service Network (ISN) partners.

