

Important Information: This service is a one-time consultation specifically designed for clinical discussion only. Clients and/or guardian do not attend. Should further CPRI services be required, regular CPRI intake processes apply and a full intake package must be submitted.

Agency Information

Requesting Agency Name:	Agency Phone #:
Agency Contact Person:	Agency Contact Person Email:
Agency Contact Person Phone #:	Agency Address:

Client Name: _____ D.O.B.: _____

Legal Guardian(s): _____

Parent/Guardian consent required and attached

Past involvement with CPRI Yes No

Functional Level: Not Yet Determined Developmental Delay Normal

 Gifted Intellectual/Developmental Disability

Custody is currently with:

Parents Father Mother Guardians Group Home Other
(Please specify)

Diagnosis:

List Current Services/Supports:

Referent Questions or Concerns to be Addressed (Please be specific):

Please provide most recent assessments completed on child (i.e., psychology, developmental, social work). List reports attached. **Your inquiry will not be reviewed until required information/consents are received.**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Date: _____ Community Case Management Coordinator Signature: _____



Service Delivery Division
CPRI
600 Sanatorium Road
London ON N6H 3W7
Tel: (519) 858-2774
Fax: (519) 858-3913
TTY: (519) 858-0257

Division de la prestation des services
CPRI
600 Chemin Sanatorium
London ON N6H 3W7
Tel: (519) 858-2774
Télec.: (519) 858-3913
ATME: (519) 858-0257

CB#

CONSENT TO THE DISCLOSURE, TRANSMITTAL OR EXAMINATION OF A CLINICAL RECORD

I, (First Name) , (Last Name) , of (Address)

hereby authorize CPRI to examine/obtain from, transmit or disclose to: **(Include Full name/address of agency/school/physician)**

the following: (check appropriate item(s))

- Educational Records
- Clinical Records

in respect of (Client Full Name) (Date of Birth)

for the purpose of: Assessment, Treatment and Planning

Description of information to be examined/transmitted/disclosed:

- Any pertinent information
- Specifically:

Please note that this information may be released electronically, which includes by fax.

Unless otherwise stated, **this consent is valid for the length of time the child is receiving CPRI services and 1 year after all CPRI services are completed** (CPRI discharge) to allow:

- CPRI to assist you in your transition to other services as needed and/or,
- CPRI services to be re-activated within 1 year after your discharge when needed.

I understand that I may revoke this consent in writing at any time.

This consent for examination, transmittal or disclosure of information has been fully explained to me. I understand it and agree with the examination, transmittal or disclosure.

Child/Youth Signature Date

And/Or Consent of substitute decision-maker is required.

Guardian/Substitute Decision-Maker Signature Date

**GUIDELINES FOR COMPLETION OF CONSENT TO THE DISCLOSURE, TRANSMITTAL OR
EXAMINATION OF A CLINICAL RECORD FORM**

1. Please specify if you wish to DISCLOSE or OBTAIN information.
2. To DISCLOSE information:
 - list as many agencies, facilities, physicians, paediatricians, etc. that are involved with the child/youth's care
 - be sure to include the complete mailing address, if available
 - reports will not automatically be sent unless specified by a verbal or written request from CPRI clinicians
 - dictated reports that have carbon copies (c.c.) will be mailed out by Clinical Records staff
 - CPRI requires a consent with an ORIGINAL SIGNATURE in order to release information
3. To OBTAIN information:
 - use a separate consent form for each request as agencies, facilities, physicians, paediatricians, etc. require an ORIGINAL consent
 - for ease in processing, we are using a separate consent to obtain/disclose information from/to school boards/schools
 - when requesting a child's birth record, it is helpful to include the mother's surname (if different than the child's or if different at the time of the birth) and mother's date of birth

*****IF YOU HAVE ANY QUESTIONS CONCERNING THE ABOVE, PLEASE CONTACT
EXTENSION 2024*****