



**Subject** Consent Form for the Collection, Use and Internal Disclosure of Personal Information

**Section** Clinical Services

**Code** CL-15B

**Adopted** December 2007

**Revised** October 14, 2014

I, (please print) \_\_\_\_\_ confirm that I have been informed of the Centre d'appui et de prévention (CAP) policy on the collection, use and disclosure of personal information and have received the information pamphlet to that effect.

I acknowledge that CAP is a mental health organization and that for this purpose CAP meets the criteria established by law. For this purpose, CAP requires my consent for the collection, use and disclosure of my personal information or that of the person I represent. This information will be used for the following purposes:

- developing an intervention plan using a multidisciplinary approach
- ensuring service quality
- evaluating CAP programs
- training professionals and interns
- conducting cutting-edge research

[CENTRELECAP.CA](http://CENTRELECAP.CA)

I acknowledge that this consent applies only to disclosure within the organization. I also acknowledge that any disclosure to a person outside the organization will require my specific consent unless such disclosure is permitted or required by law.

I acknowledge that I may refuse to sign this form and that I may also withdraw my consent at any time by writing to:

Director of Clinical Services  
Centre d'appui et de prévention  
Suite 300, 150 Montreal Road  
Ottawa, Ontario, K1L 8H2

\_\_\_\_\_ **I authorize the Centre  
d'appui et de prévention to collect, use and disclose my personal information.**

\_\_\_\_\_ (Client signature)

\_\_\_\_\_ (Client signature)

\_\_\_\_\_ (Date)