

## **Acknowledgement of the Use of Personal Information and Personal Health Information**

### **Section 1 – Purpose of the Acknowledgement**

I acknowledge that when receiving Children's disABILITY Services, personal information and personal health information about a child or a child's parents or guardians may be shared with relevant service providers, for the purpose of providing or planning for the provision of services or benefits to the child.

### **Section 2 – Information Sharing**

I understand that, in keeping with The Protecting and Supporting Children (Information Sharing) Act, the Department of Families or service providers may share information with other service providers where they believe it to be in the best interest of the child. I understand that a child's parents or guardians may not always receive notification when a service provider or the Department discloses personal information or personal health information about a child or a child's parents or guardians to another service provider.

### **Section 3 – Confidentiality**

I understand that personal or personal health information will only be disclosed where it is in **the best interest of my child**.

Information will only be shared when disclosure:

- Is necessary to provide or plan for the provision of services or benefits
- Is limited to the minimum amount of information necessary
- Includes relevant information about the strengths of my child and their parents or guardians
- Does not violate another law, such as The Child and Family Services Act and Youth Criminal Justice Act

I also understand that, except in the cases listed above, the Department and service providers will maintain confidentiality over the information, in accordance with The Freedom of Information and Protection of Privacy Act and The Personal Health Information Act

### **Section 4 – Child's Information and Signature of Parent/Guardian**

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Name of Parent / Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions about the collection, use and disclosure of your child or family's personal information or their personal health information, please discuss with your Community Service Worker.**

More information on the PSCISA is available online: [www.gov.mb.ca/informationsharingact/](http://www.gov.mb.ca/informationsharingact/)