



Limits of Confidentiality



Name:

HCN:

Date of Birth:

All information released to _____ (state name of Professional) is strictly confidential. In order for any information or documentation to be released to specific people outside the circle of care, a consent form must be signed by a parent/guardian or client of age. Within the circle of care, it is understood that if a new staff member is assigned to your case, that professional shall have access to all information pertaining to the client/family on file in the circle of care. In addition, if a case consultation model is used, no identifying information will be shared.

Given the complexities of working with families, information could be shared inadvertently with other family members. Clients must specifically request confidentiality of information that they do not want divulged to other family members.

There may be circumstances where confidentiality cannot be maintained, such as:

1. Behaviour may cause harm to self;
2. Behaviour may cause harm to others;
3. The Child and Youth Care and Protection Act states:
 - i) where a person has information that a child is or may be in need of protective intervention, the person shall make report to Child, Youth and Family Services (Section 10)
 - ii) where a public body has custody or control of information to which a manager or Social Worker is entitled shall disclose that information to the manager or Social Worker (Section 74)
4. The Court requires subpoenaed information to be released;
5. In matters of custody/divorce both parents have a right to information regarding their child unless a court order stipulates otherwise. It is the responsibility of the referring parent to inform the other parent of the referral/intervention pertaining to the child. The parent, who has referred the child for treatment, shall be informed if a request for information is sought by the other parent.
6. If otherwise required by law.

Outside of these legal and ethical principles previously stated, all information shall be treated as confidential.

I have read and understand the above information which has been explained to me by: _____ (state name of professional, please print).

	(DD/MONTH/YYYY)
Signature of Consenting Party	Date
Signature of Consenting Party (if applicable)	Date (DD/MONTH/YYYY)
Specify legal capacity of consenting party to sign for client, if applicable.	