

## RELEASE OF INFORMATION CONSENT FORM

Client UCI Number: \_\_\_\_\_

I, \_\_\_\_\_,  
(PRINT Client's LAST name, FIRST name)

a current or potential client of the John Howard Society's CCMS Alternatives to Detention program, (herein the "Program") consent to the collection, communication and use of the following information, for the purposes of assessing my eligibility and ongoing suitability for participation in the Program, and only to the extent that the information is relevant to the parties in question for these sole purposes, for the time required to complete the eligibility assessment and for the entire duration of my participation in the program thereafter, should I be deemed eligible :

1. File information
2. Progress and treatment reports
3. Medical reports
4. Daily activity reports
5. Condition violations and information pertaining to escalation of risk; and
6. All other information related to my supervision in the community, including but not limited to information about my respect of program requirements from community partners or other affiliates whose services I utilize

from, to and amongst:

1. Program staff of the John Howard Society
2. Community Residential Facility (CRF) staff (when applicable; i.e. Mandatory Residency Condition)
3. Staff of community partner organizations whose services I utilize
4. Correctional Service of Canada
5. Correctional Service of Canada contract treatment / program providers
6. Local Police Services
7. The Royal Canadian Mounted Police
8. Canada Border Service Agency
9. Immigration and Refugee Board of Canada
10. Child and Family Services
11. Provincial Justice authorities and Solicitor General
12. Provincial Health Services authorities
13. Addiction Treatment Centres
14. Local Food Banks and Shelters
15. Spiritual Leaders
16. English as a Second Language programs
17. Any other federal, provincial, municipal or government departments, or other agencies, for the purposes of supporting me in the Program or related to my supervision in the community.

In addition to the frequent exchange of the above-noted information to and amongst the above-noted parties, I also consent that information which concerns my case and individual progress in the Program may be discussed in the context of regular case conference meetings with John Howard Society Program staff, CBSA Community Liaison Officers, CSC Liaison Parole Officers and local Police services. I understand that these case conferences are to discuss ongoing progress or concerns relating to all residents of the Community Residential Facility. \_\_\_\_\_

(INITIALS)

I am also aware that all CRF staff are required to immediately report to the Canada Border Service Agency and/or Correctional Service of Canada authorities all information pertaining to risk escalation including all violations of

standard and additional conditions of release. \_\_\_\_\_ (INITIALS)

Beyond the scope of this waiver, I understand that the staff cannot disclose information about myself to anyone without my written consent, except for information pertaining to any suspicion or knowledge of the physical, emotional or sexual abuse, or neglect of children, or information which suggests that I may be a danger to myself or the public. I understand that staff are required by law to report anything in these areas, under provincial and federal privacy acts. \_\_\_\_\_ (INITIALS)

I also understand that I have the right to withdraw this Consent at any time in writing to my Caseworker, but understand that this may result in my return to custody until my trial date. \_\_\_\_\_ (INITIALS)

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Name and position: \_\_\_\_\_  
(print)