

RELEASE OF INFORMATION CONSENT FORM

Client UCI Number: _____

I, _____, current or potential client of the John Howard Society's ATD CCMS program, consent to the release and exchange of the following information:

1. File information;
2. Progress and treatment reports;
3. Daily activity reports;
4. Condition violations and information pertaining to escalation of risk; and
5. All other information related to the supervision in the community;

to and amongst:

1. John Howard Society caseworkers and other JHS ATD CCMS program staff
2. Community Residential Facility (CRF) staff (when applicable; i.e. Mandatory Residency Condition)
3. Program staff of the John Howard Society and others 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. Canada Border Service Agency
8. Immigration and Refugee Board of Canada
9. Child and Family Services
10. Provincial Justice and Solicitor General
11. Provincial Health Services
12. Local Food Banks and Shelters
13. Spiritual Leaders
14. English as a Second Language programs

For Mandatory Residency program participants only:

In addition to the frequent exchange of the above-noted information to and amongst the above-noted parties, I have also been informed that information which concerns my case and individual progress in the CBSA ATD CCMS John Howard program may be discussed in the context of regular case conference meetings with CBSA Community Liaison Officers, CSC Liaison Parole Officers and the 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.

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. 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 the Government of Canada's privacy acts.

Signature of Client: _____ Date: _____

Signature of Employee: _____ Date: _____

Employee's Name and position: _____
(please print)