Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Dossier : _____

Nom, Prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa-mm-jj

NAM : _____ Exp. _____
aaaa-mm

Nom, Prénom de la mère : _____

Installation : _____

CONSENT TO CARE, SERVICES AND EXCHANGE OF INFORMATION - CRD

The Centre de Réadaptation en Dépendance (CRD) of the CISSS de la Montérégie-Ouest provides specialized rehabilitation services aimed at preventing, reducing and treating problems related to alcohol, drugs (including prescription medications), gambling, and problematic Internet use.

This form is a general consent to care and services to enable the CRD staff to:

1. Collect the necessary information to develop an intervention plan (IP), an interdisciplinary intervention plan (IIP), a therapeutic nursing plan (TNP), or an individualized service plan (ISP), which will be subject to specific consent;
2. Share information between CRD team members to ensure follow-up and the delivery of appropriate care and services;
3. Provide safe and appropriate care and services.

The confidentiality of your information is protected by law (Section 19 of the *Act respecting health services and social services*, the *Act respecting Access to documents held by public bodies and the Protection of personal information*, the *Civil Code of Québec*, etc.). Any staff member with access to your record is legally required to respect your privacy and the confidentiality of your personal information. No information will be given to anyone outside the care team without your permission. For a minor under 14 years of age, permission from a parent or an authorized person is required.

MAIN EXCEPTIONS TO THE DUTY OF CONFIDENTIALITY:

1. To prevent an act of violence, including a suicide, where there is reasonable cause to believe that there is an imminent danger of death or serious bodily injury to a person or an identifiable group of persons, and the nature of the threat creates a sense of urgency;
2. When there is reasonable cause to believe that the safety or development of a child is at risk;
3. Court order requiring the record to be disclosed;
4. If you are currently under 14 years of age, your parents or authorized person have the right to consult the information in your record, except under specific legal circumstances.

I confirm that I have read and understood the information contained in this form.

I certify that I received the information needed to understand the nature of the care and services that will be provided to me.

I understand that I may refuse the services offered and withdraw my consent to the care and services provided at any time and that this consent remains valid for the duration of the service episode unless I revoke it.

I consent to receive addiction rehabilitation care and services from the CRD.

_____ Date _____
User's signature yyyy/mm/dd

_____ Date _____
Signature of the authorized person* yyyy/mm/dd
*For a minor age under 14 and a person incapable of giving consent

☐ Verbal consent obtained from the user or the authorized person

_____ Date _____
Signature of case worker or professional yyyy/mm/dd