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

File no.: _____

Last name, first name: _____, _____

Date of birth: _____ ☐F ☐M
YYYY MM DD

RAMQ NO.: _____ Exp. _____
YYYY-MM

Mother's name: _____

Facility: _____

CONSENT TO A REQUEST
YOUTH INTERVENTION TEAM

Young person's contact information

Address:		City:
Postal code:	Tel. (home):	Mobile:

Identification of parents

MOTHER		FATHER	
Last name, first name:		Last name, first name:	
DOB:		DOB:	
Address (if different from young person):		Address (if different from young person):	
City:	Postal code:	City:	Postal code:
Tel. (home):	Tel. (work):	Tel. (home):	Tel. (work):
Mobile:		Mobile:	

Nature of request

- ☐ Lack of shared vision between the partners (diagnosis, needs, priorities, etc.).
- ☐ At least one of the young person's/family's needs cannot be addressed within the strictest sense of the partners' mandate.
- ☐ The expectations of the other partners are unrealistic.
- ☐ There are problems with the coordination of services, which lack cohesion or collaboration.
- ☐ There are issues between the institutions.
- ☐ Results are unsatisfactory (there is an impasse) in terms of the accessibility, continuity (services offered) or effectiveness of services (impact on the young person and their family).
- ☐ The problem facing the young person and/or their family does not appear to fall under a specific program, i.e., the situation is complicated and difficult to define, and requires the expertise and intervention of several people and programs.

Information prior to the joint meeting between the parents, young person and service providers

We confirm we have received all the information needed on the joint process proposed to us to better help our child. We have also been informed of the reasons why there needs to be greater collaboration among the service providers and a sharing of personal information about our child.

We have been informed of the nature of the personal information that will be communicated in connection with the areas of expertise of each service provider and the purposes for which it will be communicated. This information is contained in the:

- ☐ summary of the young person's needs;
- ☐ history of previous services provided;
- ☐ summary of previous and current interventions;
- ☐ evaluations already completed;
- ☐ academic, health and social services records;
- ☐ individualized education plans;
- ☐ individualized service plans;
- ☐ user's pharmacological profile.

LAST NAME:_____ FIRST NAME:_____ FILE NO.:_____

Persons authorized to share personal information

Integrated health and social services centre		**School**
Occupation	**Program/service**	**Name:** _____
☐ Human relations agent	_____	☐ Guidance counsellor
☐ Development advisor	_____	☐ Academic advisor
☐ Manager	_____	☐ Principal
☐ Nurse	_____	☐ Teacher
☐ Nutritionist	_____	☐ Resource teacher
☐ Speech language pathologist	_____	☐ Speech language pathologist
☐ Pediatrician	_____	☐ Psychoeducator
☐ General practitioner	_____	☐ Psychologist
☐ Psychiatrist	_____	☐ Special education technician
☐ Psychoeducator	_____	☐ Other: _____
☐ Psychologist	_____	**Other**
☐ Clinical activities specialist	_____	☐ _____
☐ Special education tech.	_____	☐ _____
☐ Social worker	_____	☐ _____
☐ Other: _____	_____	

Community organizations		**Daycare**	**Private physician**
Occupation	**Name**	**Name:** _____	**Name:** _____
☐ Service providers	_____	☐ Director	☐ Pediatrician
☐ Service providers	_____	☐ Educator (group)	☐ General practitioner
☐ Service providers	_____	☐ Staff member	☐ Psychiatrist
☐ Service providers	_____	☐ Special education technician	☐ Other:_____
☐ Other: _____	_____	☐ Other:_____	

In signing this document, I authorize the professionals involved to transmit the information/documents deemed relevant to the processing and referral of the service request.

Signature of parent or young person age 14 and over: _____

Signature of witness: _____

Date: _____

This authorization is valid for **90 days** from the date of signature of the consent.
This consent may be revoked at any time, upon request from the parent or the young person age 14 and over.

Confidentiality: The personal information transmitted by the authorized organizations will not be used for purposes other than those for which it was obtained.