

Section 1

Consent

In voluntarily signing Section 1 of this form, you authorize a collaborative intervention process to be carried out by professionals from the partner organizations identified below, in order to address the alleged situation of mistreatment that concerns you. You also authorize these professionals to share the following personal information about you:

- Last name, first name, date of birth, address and phone number
- Gender and age
- Events connected to the mistreatment

You authorize this information to be uploaded to a secure web platform maintained by the Minister Responsible for Seniors and Informal Caregivers, making it accessible to the professionals involved in the collaborative intervention process.

I, the undersigned, \_\_\_\_\_ authorize:

- professionals from the partner organizations mentioned below (the “Organizations”) to work in collaboration in order to address the alleged situation of mistreatment that concerns me:

☐ The following establishment(s) in the health and social services network:

☐ The following First Nations and Inuit community health and social services centre(s):

☐ The Sûreté du Québec

☐ The following municipal police force(s):

☐ The following First Nations and Inuit police force(s):

☐ The Directeur des poursuites criminelles et pénales

☐ The Commission des droits de la personne et des droits de la jeunesse

☐ The Curateur public du Québec

☐ The Autorité des marchés financiers

☐ The following partner(s) could also be called upon:

- my personal information to be shared, used and discussed by professionals from the partner organizations handling the alleged situation of mistreatment that concerns me;
- non-personal information about me to be shared with the Minister Responsible for Seniors and Informal Caregivers in order to prepare an annual report of documented cases of mistreatment. This report will contain only non-nominative information to preserve my anonymity;
- my personal information to be kept for a period of two (2) years after the file has been closed and, at the end of this period, to be destroyed.

**I confirm that:**

- I have read and understood the pamphlet entitled *Information about the collaborative intervention process to combat the mistreatment of older adults*, which explains the collaborative intervention process, and I have received all the information I need to understand what a collaborative intervention process is;
- I have had the opportunity to ask any questions I may have about my consent and have obtained satisfactory answers;
- I have had sufficient time to make an informed decision;
- I am completely free to give my informed consent and have not been subject to any pressure.

**I retain** the right to withdraw my consent at any time from any partner mentioned above, both verbally and in writing, in particular by completing and signing Section 2 of this form.

**In signing this form, I acknowledge that I understand what the collaborative intervention process involves, and I provide my free and informed consent:**

|                                                                       |                                                                              |                       |
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| Person's signature                                                    |                                                                              | Date (year/month/day) |
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| In case of incapacity, signature of the person's legal representative | Title of the authorized person (mandatary, legal guardian or public curator) | Date (year/month/day) |
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| Witnessed by                                                          | Position                                                                     | Date (year/month/day) |

**Section 2**  
**Withdrawal of consent**

**I, the undersigned,****wish to withdraw my consent** to the collaborative intervention process regarding the alleged situation of mistreatment that concerns me. I likewise withdraw my consent to the sharing, use and discussion of my personal and confidential information among the professionals involved.

|                                                                       |                                                                              |                       |
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| Person's signature                                                    |                                                                              | Date (year/month/day) |
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| In case of incapacity, signature of the person's legal representative | Title of the authorized person (mandatary, legal guardian or public curator) | Date (year/month/day) |
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| Witnessed by                                                          | Position                                                                     | Date (year/month/day) |