CPRI
CHILD & PARENT RESOURCE INSTITUTE

Referral for Agency to Agency Community Consultation Service

Ontario

Important Information: This service is a one-time consultation for a client's clinical team to consult with a clinical team at CPRI. Clients and/or guardian do not attend. Should further CPRI services be required, regular CPRI intake processes apply and a full intake package must be submitted.

Agency Information
Requesting Agency Name:_____ Agency Phone #:_____
Agency Contact Person:_____ Agency Contact Person Email:_____
Agency Contact Person Phone #:_____ Agency Address:_____

Client Name:_____ D.O.B.:_____

Legal Guardian(s):_____

Client Current Address:_____ City:_____

Past involvement with CPRI Yes ☐ No ☐

Functional Level: Not Yet Determined ☐ Developmental Delay ☐ Normal ☐
Gifted ☐ Intellectual/Developmental Disability ☐

Custody is currently with:

Parents ☐ Father ☐ Mother ☐ Guardians ☐ Group Home ☐ Other ☐ _____
(Please specify)

Diagnosis:

_____
List Current Services/Supports:

_____
Clinical team's questions or concerns to be addressed (Please be specific):

_____
Please provide most recent assessments completed on child (i.e., psychology, developmental, social work). List reports attached. **Your inquiry will not be reviewed until required information/consents are received.**

☐ _____ ☐ _____
☐ _____ ☐ _____
☐ _____ ☐ _____

☐ Parent/Guardian consent required and attached

Date:_____ Community Case Management Coordinator Signature:_____

Ministry of Children and Youth Services

Service Delivery Division
CPRI
600 Sanatorium Road
London ON N6H 3W7
Tel: (519) 858-2774
Fax: (519) 858-3913
TTY: (519) 858-0257

Ministère des Services à l'enfance et à la jeunesse

Division de la prestation des services
CPRI
600 Chemin Sanatorium
London ON N6H 3W7
Tel: (519) 858-2774
Téléc.: (519) 858-3913
ATME: (519) 858-0257

Ontario

CB# _____

CONSENT TO THE DISCLOSURE, TRANSMITTAL OR EXAMINATION OF A CLINICAL RECORD

I, _____ (First Name), _____ (Last Name), of _____ (Address)

hereby authorize CPRI to examine/obtain from, transmit or disclose to: **(Include Full name/address of agency/school/physician)**

_____ _____

_____ _____

_____ _____

the following: (check appropriate item(s))

☐ Educational Records

☐ Clinical Records

in respect of _____ (Client Full Name) _____ (Date of Birth)

for the purpose of: Assessment, Treatment and Planning

Description of information to be examined/transmitted/disclosed:

☐ Any pertinent information

☐ Specifically: _____

Please note that this information may be released electronically, which includes by fax.

Unless otherwise stated, **this consent is valid for the length of time the child is receiving CPRI services and 1 year after all CPRI services are completed** (CPRI discharge) to allow:

- CPRI to assist you in your transition to other services as needed and/or,
- CPRI services to be re-activated within 1 year after your discharge when needed.

I understand that I may revoke this consent in writing at any time.

This consent for examination, transmittal or disclosure of information has been fully explained to me. I understand it and agree with the examination, transmittal or disclosure.

Child/Youth Signature _____ Date _____

And/Or ☐ Consent of substitute decision-maker is required.

Guardian/Substitute Decision-Maker Signature Date _____

_____

GUIDELINES FOR COMPLETION OF CONSENT TO THE DISCLOSURE, TRANSMITTAL OR EXAMINATION OF A CLINICAL RECORD FORM

1. Please specify if you wish to DISCLOSE or OBTAIN information.

2. To DISCLOSE information:

   - list as many agencies, facilities, physicians, paediatricians, etc. that are involved with the child/youth's care
   - be sure to include the complete mailing address, if available
   - reports will not automatically be sent unless specified by a verbal or written request from CPRI clinicians
   - dictated reports that have carbon copies (c.c.) will be mailed out by Clinical Records staff
   - CPRI requires a consent with an ORIGINAL SIGNATURE in order to release information

3. To OBTAIN information:

   - use a separate consent form for each request as agencies, facilities, physicians, paediatricians, etc. require an ORIGINAL consent
   - for ease in processing, we are using a separate consent to obtain/disclose information from/to school boards/schools
   - when requesting a child's birth record, it is helpful to include the mother's surname (if different than the child's or if different at the time of the birth) and mother's date of birth

*****IF YOU HAVE ANY QUESTIONS CONCERNING THE ABOVE, PLEASE CONTACT EXTENSION 2024*****

PLEASE ENSURE YOU COMPLETE BOTH PAGES OF THIS FORM.

Completed packages or questions can be emailed to: CPRI.Intake@ontario.ca
Fax (519) 858 2115