

**Consent for Participation in SchoolsPlus and the  
Collection, Use, and Disclosure of Personal Information**

**Annapolis Valley Regional School Board**

Name of SchoolsPlus Staff: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Date of Birth: 

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(Day) (Month) (Year)

**For Parent/Guardian**

By signing this form, I \_\_\_\_\_ consent to allow my child  
 \_\_\_\_\_ to participate in the SchoolsPlus Program at  
 \_\_\_\_\_ (school) of the Annapolis Valley Regional School Board.

I further consent that the agencies/organizations listed below may, in collaboration with each other, collect, use, and share the personal and personal health information about my child. This will be done to create a plan for my child, coordinate services for my child, provide services to my child, report on my child's progress, and monitor and evaluate my child's response to SchoolsPlus.

**For Student**

By signing this form, I \_\_\_\_\_ consent to participate in  
 the SchoolsPlus Program at \_\_\_\_\_ (school) of the Annapolis  
 Valley Regional School Board.

I further consent that the agencies/organizations listed below may, in collaboration with each other, collect, use, and share my personal and personal health information. This will be done to create a plan for me, coordinate services for me, provide services to me, report on my progress, and monitor and evaluate my response to SchoolsPlus.

**This form is approved by the following department and agency partners in SchoolsPlus:**

- |   |  |  |
|---|--|--|
| Nova Scotia Department of Education           | Cumberland Health Authority                    | Cape Breton-Victoria Regional School Board |
| Nova Scotia Department of Community Services  | Guysborough Antigonish Strait Health Authority | Chignecto-Central Regional School Board    |
| Nova Scotia Department of Justice             | Pictou County Health Authority                 | Conseil scolaire acadien provincial        |
| Nova Scotia Department of Health and Wellness | South Shore District Health Authority          | Halifax Regional School Board              |
| Annapolis Valley District Health Authority    | South West Nova District Health Authority      | South Shore Regional School Board          |
| Cape Breton District Health Authority         | IWK Health Centre                              | Strait Regional School Board               |
| Capital District Health Authority             | Annapolis Valley Regional School Board         | Tri-County Regional School Board           |
| Colchester East Hants Health Authority        |  |  |

## Information That May Be Shared

### Annapolis Valley Regional School Board

- SchoolsPlus information including referral, intake form, case notes, comprehensive service plan
- base-line monitoring form
- academic progress such as report cards and transcripts
- dates of enrolment, transfer, withdrawal, graduation, attendance, discipline, and suspension
- information about educational services such as Individual Program Plans, documented Adaptations
- medical information affecting educational programming, or health and safety
- custody information
- referrals, reports, and correspondence from board staff including psychologists, hearing and speech clinicians, and social workers
- other (please specify):

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### Health Authority and/or IWK Health Centre

- reports and assessments including vision, hearing, addiction, and mental health
- diagnosis information
- participation in treatment
- medication and dosage
- self-harm and risk level
- other (please specify):

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### Nova Scotia Department of Community Services

- information regarding referrals
- information regarding case plans
- information regarding interventions
- other (please specify):

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### Nova Scotia Department of Justice

Authority for disclosure of the following information by Department of Justice to SchoolsPlus can be found in subsection 125(6) of the *Youth Criminal Justice Act*. Information is disclosed to SchoolsPlus by the Department of Justice in accordance with the timelines set out in subsection 119(2).

- Probation, Deferred Custody, and Custody and Supervision Orders
- Pre-Sentence Reports
- risk/needs assessments
- medical or psychological assessment reports
- Community Reintegration Plans
- Restorative Justice Agreements
- undertakings/conditions of release
- other (please specify):

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### RCMP and Police

The RCMP and police are important partners in SchoolsPlus. We may share information with them, and they may share information with us, such as any involvement with law enforcement agencies. We do this if it is relevant to the development, implementation and review of a comprehensive service plan or SchoolsPlus programs, or in accordance with the provisions of the *Youth Criminal Justice Act*.

The agencies and organizations listed on this form are governed by legislation that includes, but is not limited to, the provincial *Freedom of Information and Protection of Privacy Act*, the *Personal Health Information Act*, the federal *Privacy Act*, and the *Municipal Government Act*.

My personal and personal health information will not be shared with any other individual or organization except where authorized or required by law, including but not limited to the *Youth Criminal Justice Act* and the *Children and Family Services Act*.

A SchoolsPlus staff member has reviewed the Frequently Asked Questions with me, and I consent to the collection, use, disclosure, and sharing of the information indicated above.

I understand that my consent is only valid for one year, and that if I do not wish to have my/my child's information shared with a particular organization, I may strike out the name of that organization and initial the striking out. I also understand that I may withdraw my consent in whole or in part at any time.

**For Parent(s)/Guardian(s)**

1. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Same as address 1

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**For Student**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Same as address 1    Same as address 2

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

SchoolsPlus partners are committed to protecting the privacy, confidentiality, and security of all personal and personal health information that has been entrusted to us. We provide this protection, in part, by complying with the *Freedom of Information and Protection of Privacy Act* and other laws. If you have any questions about the collection or use of personal and personal health information, contact the Information Access and Privacy Manager in the Annapolis Valley Regional School Board at 1-800-850-3887.

**Annapolis Valley Regional School Board**

SchoolsPlus staff will complete this form when the student is under 19 years of age, is signing the SchoolsPlus Consent for Participation form, and parental consent is not being obtained.

In my professional judgment, I believe \_\_\_\_\_ (name) is capable of consenting to participate in the SchoolsPlus Program of the \_\_\_\_\_ (school) of the Annapolis Valley Regional School Board and to consent to the collection, use, and disclosure of his or her information for the following reasons (check all that apply):

- The student is a mature minor.
- The student can provide informed consent.
- Other (list other rationale): \_\_\_\_\_

 SchoolsPlus Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Notes (Optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Add any other comments and attach any other documents that contributed to your decision to allow the student to consent.

Annapolis Valley Regional School Board

The SchoolsPlus facilitator/leader must review this document with the parent(s)/guardian(s) before the Consent for Participation form is signed.

### 1. What is SchoolsPlus?

The vision for SchoolsPlus is that schools become a convenient place for integrated service delivery—government, health, and other community organizations working together to deliver services to families. SchoolsPlus will serve all children, youth, and families, particularly those for whom additional supports and services are needed for their success. Referrals come primarily from school program planning teams. Service providers may also make referrals, and students and families may refer themselves. The response to a referral will depend upon the level of need identified at the time of referral. Sometimes this will mean a simple sharing of contact information to connect students and families with the services they need. At other times, the facilitator may organize a meeting with a number of service providers to create an action plan for a student or a family. We call this action plan a comprehensive service plan.

### 2. Why am I being asked to sign a consent form?

The consent form asks you for your permission to allow your child to participate in integrated service delivery and for your permission to allow your child's SchoolsPlus staff and service providers to collect, use, and share your child's personal information in order to design a plan for your child, provide services to your child, and monitor your child's progress in the program.

If your child is under 12 years of age, the SchoolsPlus staff will ask you to sign a consent form. The signed consent form will enroll your child in integrated service delivery, and will permit SchoolsPlus staff and service providers to share your child's personal information.

If your child is 12 years of age or older, both you and your child will be asked to sign the consent form, unless the SchoolsPlus staff feels that it is not necessary for you to sign. As much as possible, we like to involve parents and guardians as partners in SchoolsPlus.

### 3. What is "personal information"?

"Personal information" is information that identifies the person who is the subject of the information. Some examples of personal information are:

- name, address, telephone number
- race, ethnic origin, or religious beliefs or associations
- age, gender, sexual orientation, family status
- health-care history including a physical or mental disability
- opinions about a person

#### **4. What will you do with my child's personal information?**

We may ask your child or other service providers to give us personal information about your child. We do this because it is useful for service providers to understand the types of services that your child has received in the past and why your child received them. This helps us design the best plan and decide what services might be appropriate for your child.

We may share your child's personal information with another service provider, to coordinate the delivery of services among different service providers, and to discuss your child's progress.

The RCMP and police are important partners in SchoolsPlus. We may share information with them, and they may share information with us, such as any involvement with law enforcement agencies. We do this if it is relevant to the development, implementation, and review of a comprehensive service plan or SchoolsPlus programs. The RCMP and police are permitted to share information for the purposes of rehabilitation, under the *Youth Criminal Justice Act*, Sections 119(2) and 125(6). Your consent is not required for information to be shared under this legislation.

We will not share your child's personal or personal health information with any other organization or individual except where authorized or required by law.

#### **5. What Information will be collected, used, and shared?**

The information we want to collect, use, or share is listed on the consent form. Service providers will only collect, use, and share information that is necessary to create a plan for your child, deliver services to your child, and to monitor and report on your child's progress in the program.

#### **6. Will your personal information be confidential?**

Yes, your child's personal information will be confidential. Your child's personal information will only be shared among people helping your child. It will not be shared with anyone else except where authorized by law. However, if your child tells us that he/she plans to cause harm to himself/herself or cause harm to others, or that he/she has been abused, we must report it to the appropriate authority.

#### **7. Can I cancel this consent and what would that mean?**

You have the right to cancel consent at any time by writing to your child's SchoolsPlus staff. Before you cancel your consent, talk to your child's SchoolsPlus staff to determine the best option for your child. Consent is valid for 12 months.

#### **8. I have questions or concerns about how my personal information is being managed.**

Please contact:

Information Access and Privacy Manager  
Annapolis Valley Regional School Board  
Telephone: 1-800-850-3887

Annapolis Valley Regional School Board

The SchoolsPlus facilitator/leader must review this document with the student before the Consent for Participation form is signed.

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We may use your personal information for the purposes of research or evaluation of SchoolsPlus, or similar purposes, after removing names or other identifying information.

We will not share your personal or personal health information with any other organization or individual except where authorized or required by law.

#### **5. What Information will be collected, used, and disclosed?**

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#### **6. Will my personal information be confidential?**

Yes, your personal information will be confidential. Your personal information will only be shared among people helping you. It will not be shared with anyone else except where authorized by law. However, if you tell us that you plan to cause harm to yourself or cause harm to others, or that you have been abused, we must report it to the appropriate authority.

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