

This service offers a **one-time** consultation with a CPRI Paediatrician for a developmental- behavioural consultation, or Child & Adolescent Psychiatrist consultation. The child and family will be asked to attend the one-time appointment. Referrals will only be accepted from a medical specialist (ie. Paediatrician, Psychiatrist, Neurologist, Geneticist, etc). All recommendations are provided back to the referring specialist. **If further CPRI services are required, a new referral full Intake package must be completed.**

Refer to: (check one)

☐ Developmental Paediatrics

☐ Child & Adolescent Psychiatry

Required: Referent Question or Concern to be addressed (please be **specific**):

Your own recent consultation report and consent to the disclosure, transmittal or examination of a clinical record (see page 3, 4) is required. Also, please provide the most recent assessments completed on child, i.e., genetics, neurology, psychology, developmental, social work, etc.

☐ Referent's recent consultation report

☐ Consent completed (see pages 3,4)

☐ Other (1): _____

☐ Other (2): _____

☐ Other (3): _____

☐ Other (4): _____

Client Information

Last Name

First Name	Middle Names
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Client Preferred Name

Date of Birth (yyyy/mm/dd)

Health Card Number (10 digits)	Version Code	Expiry Date (yyyy/mm/dd)
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Sex ☐ Male ☐ Female

Gender Identity ☐ Male ☐ Female ☐ X

Client Current Address

Unit Number	Street Number	Street Name	PO Box
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City/Town	Province	Postal Code
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Telephone Number	Cellular Number
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Custody is currently with (please provide paperwork):

☐ Parents ☐ Mother ☐ Father ☐ Legal Guardian(s)

☐ Other, please specify _____

Parent/Legal Guardian 1

Last Name	First Name
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Relationship to Child (e.g. mother, father, grandparent)

Current Address (if different from above)

Unit Number	Street Number	Street Name	PO Box
-------------	---------------	-------------	--------

City/Town	Province	Postal Code
-----------	----------	-------------

Email Address

Telephone Number	Cellular Number	Work Number
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Parent/Legal Guardian 2

Last Name	First Name
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Relationship to Child (e.g. mother, father, grandparent)

Current Address (if different from above)

Unit Number	Street Number	Street Name	PO Box
-------------	---------------	-------------	--------

City/Town	Province	Postal Code
-----------	----------	-------------

Email Address

Telephone Number	Cellular Number	Work Number
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Past involvement with CPRI ☐ Yes ☐ No

Confirmed Diagnosis

Provisional Diagnosis

List Current Services/Supports

Current/Past Medication Chart: (attach list if your need more space)

Current Medication	Dose	Date Started (yyyy/mm/dd)	Date Stopped (yyyy/mm/dd)	Side Effects Noted	Concerns

Past Medication	Dose	Date Started (yyyy/mm/dd)	Date Stopped (yyyy/mm/dd)	Side Effects Noted	Concerns

Specialty Physician

Last Name	First Name
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OHIP Billing Number

Address

Unit Number	Street Number	Street Name	PO Box
City/Town	Province	Postal Code	

Email Address

Telephone Number	Cellular Number	Fax Number
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Signature of Specialty Physician	Date (yyyy/mm/dd)
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Please ensure you complete all pages of this form.

Completed packages or questions can be emailed to: CPRI.Intake@ontario.ca

Fax: 519-858-2115

**Ministry of Children,
Community and Social
Services (MCCSS)**

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 des Services sociaux
et communautaires (MSESC)**

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



CB# _____

Consent to the Collection, Use or Disclosure of Personal Information or Personal Health Information

I, _____, hereby authorize
(Print Name in Full of Client or Legal Guardian)

the Child and Parent Resource Institute (CPRI) to:

- ☐ Collect
☐ Use
☐ Disclose

the following information:

(Specific Description of Information)

From:

_____ (eg. Name of Referring Physician)	_____ (Address/Telephone)
_____ (eg. Name of School)	_____ (Address/Telephone)
_____ (eg. Name of Agency)	_____ (Address/Telephone)
_____ (eg. Name)	_____ (Address/Telephone)
_____ (eg. Name)	_____ (Address/Telephone)

From the records of:

(Full Name of Client) (Date of Birth (yyyy/mm/dd))

For the purpose of consenting to the collection, use or disclosure of personal health information.

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

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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** (discharge from CPRI services) 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 if needed.

I understand that this consent may be terminated or changed at any time through a written request to CPRI Clinical Records Department. Withdrawal of consent is not retroactive to information already released.

This consent for collection or disclosure of personal information, including personal health information, has been fully explained to me.

Date (yyyy/mm/dd)

Child/Youth Signature

Or:

☐ Consent of Substitute Decision-Maker is required.

*NOTE: In accordance with PHIPA (*Personal Health Information Protection Act, 2004*) consent must be signed by the person to whom the information belongs or, if they are incapable, by their Substitute Decision Maker. A Substitute Decision Maker is a person authorized by PHIPA to consent on behalf of an individual, to collect or disclose personal health information about the individual.

Substitute Decision Maker's Name

Relationship to Client

Date (yyyy/mm/dd)

Substitute Decision Maker's Signature

Pursuant to s. 39 (1)(a) of the *Freedom of Information and Protection of Privacy Act* and s. 29 (a) of the *Personal Health Information Protection Act, 2004*, you are being asked to consent to CPRI's indirect collection, use or disclosure of your personal information, including personal health information, from the above-noted people or organizations.

Should you have any questions about this collection, use or disclosure of information by CPRI, please contact CPRI's Privacy Lead, at 519-858-2774.

Service Delivery Division
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Part D

Protection of Privacy of Your Information at CPRI

The *Freedom of Information and Protection of Privacy Act* (FIPPA) and the *Personal Health Information Protection Act, 2004* (PHIPA) require that we tell you we will be collecting, using and disclosing information about you as the result of your inquiry for service from CPRI. These pieces of legislation provide us the authority to collect, use and disclose personal health information.

We collect information about you, your family and your treatment goals at every step of our involvement (including inquiry, referral, assessment and treatment). If we determine it is necessary to collect reports from other community agencies or to provide them with copies of our reports, we will obtain your written consent to do so. Once your referral has been accepted, a casebook will be set up. Your casebook will contain all information collected from other community agencies, as well as reports written by members of your CPRI assessment/treatment team. Reports regarding your progress will be added to your casebook as long as you continue to receive services through CPRI. You have the right to request access to these records at any time. CPRI will hold this information for at least 10 years past your 18th birthday.

CPRI uses some client information to review our services and do research about mental health. In doing so, we do not use information that would identify you or your family. We only use information about groups. For example, of the clients we serve, 73% are boys and 27% are girls. We share non-identifying information with other organizations and in research presentations to help evaluate and improve mental health services for children and youth. CPRI will collect information on your sex and/or gender in order to support assessment and treatment planning.

This notice form is not a consent form. It is for your information only and need not be returned.

If you have any concerns or questions, please feel free to talk to a member of your CPRI team.

Complaints and Feedback

You have the right to make complaints about CPRI. Making a complaint will not impact the services you receive. You can make a complaint by speaking with any CPRI staff member or by contacting the Issues Manager at cpri.admin@ontario.ca or 519-858-2774 extension 2011. To see the full process for making a complaint, visit [Make a complaint about Child and Parent Resource Institute Services | ontario.ca](#) or see the receptionist at Switchboard. You can also use a client 'Help Card' or a caregiver 'Help Card' to talk with a CPRI staff member – these are found in the waiting room and around CPRI.