



## PRENATAL PILOT PROGRAM CONSENT FOR RELEASE OF INFORMATION

I \_\_\_\_\_, agree to enter into service with the Prenatal Pilot Program. I am aware that the Prenatal Pilot Program is designed to support me in meeting my goals of having a healthy pregnancy and keeping my child in my care once born. This program works collaboratively between programs, physicians, nurses, case managers, social workers and other support services.

In order to assist you in receiving effective care, we would like your permission to collect, use and disclose your personal health information or personal information between Social Services and members of your support team. The team consists of professionals representing the following agencies:

AIDS Saskatoon

Sanctum Care Group

Saskatoon Health Region

Ministry of Social Services

Westside Community Clinic

Members of the Prenatal Pilot Program will discuss and collaborate on issues relating to your various care needs in an effort to remove barriers and connect you to appropriate care. Specific Information discussed may include your health, your mental health, Child and Family Service History, programs accessed and addiction needs as well as any concerns that may impact your ability to parent such as housing, relationships, transportation and income.

I agree to release my Information as follows (please check one of the following options):

- ☐ I give my consent to share my Information with all the members of the Prenatal Pilot Program
- ☐ I give my consent to share my Information with the following member(s) of the Prenatal Pilot Program

- ☐ AIDS Saskatoon
- ☐ Sanctum Care Group
- ☐ Saskatoon Health Region

- ☐ Ministry of Social Services
- ☐ Westside Community Clinic

I understand that my access to care from these specific programs within the Prenatal Pilot Program will not be affected by my decision to allow my Information to be shared or not.

This consent remains in effect until one year from date of signature; I understand that I can change my mind at any time, regarding who I allow my information to be shared with. I understand that if I change my mind, the information previously shared is not affected.

I, \_\_\_\_\_ (Printed Name), hereby provide authorization to the collection, use and disclosure of information about myself to the Prenatal Pilot Program and the members of the Pilot Program

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date