Consent for Participation and Information Sharing

Name of SchoolsPlus staff: _____

Phone: _____ Email: _____

RCE/CSAP: _____

Legal name of child/youth: _____
(first name) (middle name) (last name)

Chosen/preferred name: _____ Pronoun(s): _____

Date of birth (MM/DD/YYYY): _____

Parent/guardian name(s): _____

_____

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

- Nova Scotia Department of Education and Early Childhood Development
- Nova Scotia Department of Opportunities and Social Development
- Nova Scotia Department of Justice
- Nova Scotia Department of Health and Wellness
- Nova Scotia Health
- IWK Health Centre
- Annapolis Valley RCE
- Cape Breton-Victoria RCE
- Chignecto-Central RCE
- Conseil scolaire acadien provincial
- Halifax Regional RCE
- South Shore RCE
- Strait RCE
- Tri-County RCE

Information that may be shared

RCE / CSAP	
▪ SchoolsPlus information such as referral/ intake form, case notes, Comprehensive Service Plan ▪ academic progress such as report cards and transcripts ▪ dates of enrolment, transfer, withdrawal, graduation, attendance, discipline, and suspension ▪ educational services such as Individual Program Plans and documented Adaptations	▪ medical information affecting educational programming or health and safety ▪ custody information ▪ referrals, reports, and correspondence from RCE/CSAP staff such as psychologists, school counsellors, hearing/speech clinicians, and social workers ▪ other (please specify):
Nova Scotia Health and/or IWK Health Centre	
▪ reports and assessments such as vision, hearing, addiction, mental health, and public health ▪ diagnosis information ▪ participation in treatment	▪ medication and dosage ▪ self-harm and risk level ▪ other (please specify):
Nova Scotia Department of Opportunities and Social Development	
▪ referrals, care plans, family plans, and interventions involving department programs/services such as Disability Support, Employment Support and Income Assistance, and Child and Family Wellbeing	▪ other (please specify):
Nova Scotia Department of Justice	
▪ probation, deferred custody, 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):
RCMP and Police	
▪ involvement with RCMP/police such as charges and conviction ▪ undertakings/conditions of release ▪ general risk or safety issues	▪ other (please specify):
Other (name):	
Information that may be shared:	

SchoolsPlus Consent Form Frequently Asked Questions

1. What is SchoolsPlus?

SchoolsPlus is a collaborative interagency approach, where government, health, and other community organizations work together to offer supports and programs for children, youth, and families. SchoolsPlus is based in schools and has sites at all Regional Centres for Education (RCEs) and the Conseil scolaire acadien provincial (CSAP).

2. Why is the consent form needed?

The form asks for your consent to participate in SchoolsPlus and to allow your SchoolsPlus staff and service providers to collect, use, and share your relevant "personal information" and "personal health information." Having this information enables SchoolsPlus staff and agency partners to plan and provide services.

For example, sometimes this will mean a simple sharing of contact information to connect a child, youth, or family with the services they need. At other times, SchoolsPlus staff may organize a meeting with a number of service providers to create an action plan (such as a Comprehensive Service Plan), for a child, youth, or family. Consent also allows the agencies, which you consent to on the form, to report to each other on progress, and to monitor and evaluate your responses to SchoolsPlus supports and services.

3. Who signs the consent form?

- **Children under 12:** Parent/guardian must sign.
- **Youth 12 and older:** As much as possible, we involve parents/guardians as partners in SchoolsPlus. The parent/guardian will be asked to sign the consent form along with the youth; there may be some situations where just the youth can sign the form.

4. What is personal information and personal health information?

- **Personal information** identifies a person—it may include name, address, telephone number, age, gender, sexual orientation, family status, ethnicity, religious beliefs/associations, etc. This information may be in paper or in electronic form.
- **Personal health information** identifies a person and is collected when a person receives health care services—it may include physical/mental health history, health card number, etc. This information may be in paper or in electronic form contained in your health record.

5. How is personal information and personal health information used in SchoolsPlus?

SchoolsPlus staff and the service providers listed on the consent form collect, use, and share only the minimum amount of personal information and personal health information required as listed on the consent form. This information may be used for:

- **Coordination and planning:** Personal information and personal health information is useful for service providers to understand the types of services that you have received in the past and why you received them. This helps with designing and planning what services might be appropriate now and in the future.
- **Evaluation:** Information about SchoolsPlus programming and services may be shared to monitor and evaluate SchoolsPlus, such as enrolment numbers and types of services used. When information is shared for external/provincial evaluation purposes, personal identifiers (such as name and school) are removed to ensure that a child/youth/family is not identifiable.
- **As required by law:** SchoolsPlus will not share personal or personal health information with any other organization or individual except where authorized or required by law. For example, information may be shared with RCMP/police for the purposes of rehabilitation under the *Youth Criminal Justice Act* (YCJA) (sections 119(2) and 125(6)). Consent is not required for information to be shared under the YCJA.

6. Is child, youth, and family personal information and personal health information confidential?

Yes, personal information and personal health information will be confidential. It is held in our secure electronic Student Information System, with access strictly limited, and kept for the time specified in the provincial *Student Records Retention Schedule*.

Personal information and personal health information will only be shared among people helping you. It will not be shared with anyone else except where authorized by law.

Note: If we are aware that a person plans to cause harm to self or others, or that a child has been abused, we must report it to the appropriate authority.

7. Can a child, youth, or family participate in SchoolsPlus without signing the consent form?

Some SchoolsPlus supports and programs, such as general activities, clubs, and events can be provided without signing the form.

However, if the consent form is not signed, a child/youth/family cannot receive direct, individual services from SchoolsPlus staff to coordinate supports and services across agencies.

Note: Without consent to share information with SchoolsPlus partners, you will not be able to benefit from the coordination of services across agencies and may be asked to sign several personal-information-related consent forms (with multiple agencies) instead of this one form, which could delay some supports and services.

8. How is personal information and personal health information protected in SchoolsPlus?

There can be risk when personal information is collected, used, and shared with others, such as accidental loss or access by someone who does not need to see the information. SchoolsPlus staff are committed to protecting the privacy, confidentiality, and security of all personal and personal health information entrusted to us.

Information is used, shared, and stored according to professional practices/tools, policies, and laws including:

- ***Student Record Policy*:** This document outlines the requirements for all student records in Nova Scotia public school programs, including secure storage, access, maintenance, and disposal, to protect the privacy and integrity of records.
- **Nova Scotia Student Information System:** Your school, RCE/CSAP, the Department of Education and Early Childhood Development, and provincial information technology staff take security steps to protect personal information from unauthorized access, use, sharing, or disposal. This includes a variety of safeguards including physical security measures and technical measures such as firewalls, encryption, and passwords.
- **Legislation:** RCEs and CSAP are required to comply with the ***Freedom of Information and Protection of Privacy Act***, as are other government partners, such as the Department of Opportunities and Social Development and Department of Justice.

  Legislation that governs some of the other agencies and organizations listed on the consent form includes, but is not limited to:

- ***Personal Health Information Act*** (PHIA): PHIA governs the collection, use, disclosure, retention, disposal, and destruction of personal health information. PHIA recognizes both the right of individuals to protect their personal health information and the need of custodians to collect, use, and disclose personal health information to provide, support, and manage health care. PHIA provides explicit direction on managing personal health information.

- ***Youth Criminal Justice Act*** and the ***Children*** **and** ***Family Services Act***: Under these acts, 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 a subpoena or search warrant.

  Authority for disclosure of information by the 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).

If you have other questions about how information is being managed in SchoolsPlus, please contact the Information Access and Privacy Manager at:

- **Annapolis Valley RCE:** 1-800-850-3887
- **Cape Breton-Victoria RCE:** (902) 562-6476
- **Chignecto-Central RCE:** (902) 897-8930
- **Conseil scolaire acadien provincial:** (902) 769-5472
- **Halifax RCE:** (902) 464-2000, ext. 2324
- **Strait RCE:** (902) 625-7065
- **South Shore RCE:** (902) 541-3005
- **Tri-County RCE:** (902) 740-0182
- **PHIA@novascotia.ca or PHIA toll-free:** 1-855-640-4765 / local: (902) 424-5419

Declaration of Consent

A SchoolsPlus staff member has reviewed the Frequently Asked Questions with me, and I

- consent to participate, or allow my child to participate, in SchoolsPlus as specified on this form
- consent that the agencies and organizations listed on this form may collect, use, and share my, or my child's, relevant personal information and personal health information to provide services and supports as described on this form
- understand that my consent is only valid for one year, and that if I do not wish to have personal information shared with a particular organization, I may strike out the name of that organization and initial the striking out
- understand that I may withdraw my consent in whole or in part at any time

Parent(s)/Guardian(s)

Signature 1: _____ Date (MM/DD/YY): _____

Mailing address: _____

Phone: _____ Email: _____

Signature 2: _____ Date (MM/DD/YY): _____

Mailing address: _____

Phone: _____ Email: _____

Student/Youth

Signature: _____ Date (MM/DD/YY): _____

☐ Same as address 1 above

☐ Same as address 2 above

Mailing address: _____

Phone: _____ Email: _____

Evaluation of Youth Capacity to Provide Consent

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

SchoolsPlus Staff

In my professional judgment, I believe _____ (name of youth) is capable of consenting to participate in SchoolsPlus and of consenting to the collection, use, and disclosure of their own personal information.

Signature: _____ Date (MM/DD/YY): _____

Notes (Optional): _____

_____

_____

_____

_____

Attach any other documents that contributed to your decision to allow the youth to consent.