Lethbridge Family Services
Since 1910
DaCapo Disability Services

Fetal Alcohol Spectrum Disorder
Assessment and Diagnostic Services
Pre Clinic Consent for the Collection/Receipt of Personal or Confidential Information

I, ___________________________________ (Legal Guardian), authorize and give permission to Lethbridge Family Services to receive information either verbally or in writing from the following:

- ❑ Birth Records
- ❑ Health Records
- ❑ Mental Health Records
- ❑ Addiction Records
- ❑ School Records
- ❑ Children Services Records
- ❑ Assessment Reports/Information
- ❑ Justice Records
- ❑ Caregivers
- ❑ Specialist Records/Assessments
- ❑ Other (please list): ______________________________

Purpose of the Information:

This information will be used to assist the FASD Assessment and Diagnostic Services team to determine a diagnosis, develop recommendations, and decide on appropriate referrals.

Consent for the Request/Release of Personal or Confidential Information

Information may be requested/released to the following:

- ❑ Alberta Health Services
- ❑ Trustee
- ❑ Psychologist
- ❑ Schools
- ❑ Employment Agencies
- ❑ CFSA
- ❑ Service Agencies
- ❑ Justice
- ❑ Caregivers
- ❑ Additional Supports (please list):____________________________________
- ❑ Other (please list): _________________________ _________________

I understand why I have been asked to disclose this information. I am aware of the risks or benefits of consenting, or refusing to consent to the disclosure of this information. This consent is effective for the duration of the client's involvement with the FASD Assessment and Diagnostic Services and may be withdrawn, by written notice, from the Legal Guardian at any time. A photocopy or facsimile of this form shall be deemed valid as an original.

Client's Name: ______________________ **Client's PHC#:** ________________________

Client's DOB: _______________________

____________________	____________________	_____________________
Signature of Legal Guardian	Print Name	Date
____________________	____________________	_____________________
Signature of Legal Guardian	Print Name	Date
____________________	____________________	_____________________
Witness	Date	Date Consent Expires

DC 01/22

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