



AGREEMENT FOR SERVICE

The following agreement is between Woodview Mental Health & Autism Services and:

Client: _____ Date of Birth: _____
Full Name YYYY / MM / DD

Woodview Program Name: _____

Dates of Service: _____ to _____

I / We consent to receive services through the Woodview Program designated above.

Furthermore, I/we have read and understand the following:

- Risks & Benefits Rights & Responsibilities Limits of Confidentiality
Privacy Statement (including Record Keeping) Complaint Procedure Program Evaluation

I / We give permission to the following:

- For Woodview staff to arrange emergency medical treatment for the client, if necessary. Every attempt would be made to contact the parent/guardian prior to such intervention.
For Woodview staff to transport the client in any Centre-owned or staff-owned vehicle with insurance coverage deemed appropriate by the Centre.
For pictures and videos to be taken and retained by fellow Woodview participants during special events and/or retained for program purposes.
For the client to participate in recreational and outdoor activities such as hiking, skiing, canoeing, cycling, swimming, wilderness camping and related activities.

I / We, the undersigned, understand and agree to the following:

- If we are receiving services in our family home, we will endeavor to provide a safe environment.
That this agreement may be extended by means of a new agreement for service.
That this agreement is voluntary and may be terminated by either party within seven days' written notice.

MENTAL HEALTH PROGRAMS (Hamilton & Halton) ONLY:

I / We give permission to the following:

- For client-specific information (Name, Date of Birth and Postal Code) to be encrypted and securely sent to the Lead Agency.

Signatures

Client/Guardian Printed Name Relationship Date (YYYY,MM,DD)
Client/Guardian Printed Name Relationship Date (YYYY,MM,DD)
Woodview Staff Printed Name Date (YYYY,MM,DD)

Verbal consent received from client/guardian indicated above.