



CONSENT TO OBTAIN AND COMMUNICATE INFORMATION

The Centre d'expertise Marie-Vincent (the "**CEMV**") is a place where children and teenagers can receive psychosocial, police, medical and sociolegal services relating to problems of sexual violence, all at the same location. Some of these services are provided through the CEMV's partners.

In connection with the services and treatments it provides, the CEMV may be required to exchange personal information relating to a child, teenager or parent who receives services with some of its partners in order to identify their needs and coordinate the services provided. The consent of the beneficiary of the services and/or treatments is required for this purpose.

In the case of a child less than 14 years of age, the consent of the parent, person having parental authority or tutor is required to allow the relevant workers to share information.

Identification of beneficiary: _____
First and last name in block letters

Date of birth: ____/____/____
yyyy mm dd

Consent to information-sharing

As a parent beneficiary, teenager 14 years of age or over or parent/person having parental authority/tutor of a child 14 years of age or under, I authorize the CEMV to obtain and communicate information relating to the above-mentioned child or myself, as the case may be, with the following organizations:

- Marie-Vincent Interuniversity Chair on the Sexual Assault of Children
- Criminal Injuries Compensation Board (CICB)
- Other: _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Validity of consent

I understand that this authorization is valid as long as I or the child for whom I consent receive the services provided by the CEMV and for the additional period necessary to send the relevant organizations information relating to the closing of the file:

YES NO

Withdrawal of consent

I understand that I may withdraw my consent to the previously described information-sharing at any time by informing a CEMV worker verbally or in writing:

YES NO



I confirm that I have had the opportunity to ask any questions I had about the information-sharing and that I have received answers to all my questions:

YES NO

Signature: _____ Date: ____/____/____
yyyy mm dd

Last name and first name in block letters: _____

Relationship to the child under 14 years of age: _____

Signature of witness: _____ Date: ____/____/____
yyyy mm dd

Last name and first name in block letters: _____