Sq'éwqel (Seabird Island)
Privacy & Confidentiality
2895 Chowat Rd. | P.O. Box 650 | Agassiz | BC | VOM 1A2
Phone: 604-796-2177 | Fax: 604-796-3729
privacy@seabirdisland.ca *www.seabirdisland.ca*

(Consent to Obtain and Exchange Information) TEMPLATE

Legal First Name:

_____

Legal Last Name:

_____

Date of Birth: _____

Status # / Band: _____

Phone: _____

Address:

Email: _____

PROVIDE A SHORT STATEMENT ON WHAT THE PROGRAM DOES

The XXXX Program provide strength-based support for holistic healing tailored to your unique needs – facilitating community connection, tools for resilience, and access to other services and resources that support your health and well-being.

Participation in the XXXX Program is voluntary. The information collected is only for the purpose of supporting your healing journey. You may decline participation or discontinue services at any time. This will not impact any other services you may be eligible to receive.

ACKNOWLEDGE SQ'ÉWQEL (SEABIRD ISLAND) COMMITMENT TO PROTECTING THE RIGHT TO PRIVACY AND SAFEGUARDING PERSONAL INFORMATION

We are committed to protecting your privacy and securing your personal information. Your personal information collected will be kept confidential, and information sharing and requests are limited to only what is necessary and are conducted in accordance with applicable privacy legislation and confidentiality policy.

INDICATE WHY INFORMATION IS NEEDED

XXXX services are delivered using a circle-of-care approach. This means we may collaborate with other service providers to coordinate services that support your health and safety.

INDICATE HOW THE INFORMATION MAY BE SHARED. YOU CAN ALSO INDICATE WITH WHOM!

Only when required will the XXXX team collaborate with other members of your care team to obtain appropriate information to support continuity of care. The XXXX Team may share and/ or request access to relevant information from internal and external community service providers.

INDICATE ANY LEGAL REGULATION THAT GOVERN WHEN CONFIDENTIALITY CAN BE BROKEN

(Please note the XXXX team is legally obligated to disclose information if it is in the opinion that a child is or may be at risk and/or if it is in the opinion that you or another person is at clear risk of imminent harm).

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THE BELOW STATEMENTS IN THIS SECTION MUST BE INCLUDED AND NOT BE ALTERED WITHOUT CONSULTATION WITH THE PRIVACY OFFICER: *privacy@seabirdisland.ca*.

☐ I confirm that I have read, understood, and consent to the collection and sharing of my information, as described above, to support my participation in the XXXX Program.

☐ I do not consent to my information being collected or shared beyond what is required by law and understand that this will limit the support that the XXXX Program can provide.

Print Name: _____

Signature: _____ Date: _____

Privacy Statement

You have the right to withdraw consent for all or certain uses of your information at any time by submitting this in writing to the program. The information that you provide to Sq'éwqel (Seabird Island) is collected under the authority of the British Columbia Personal Information Protection Act (PIPA) Section 10(1), 11 & 14 https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/03063_01 and the Personal Information Protection and Electronic Documents Act (PIPEDA) http://laws-lois.justice.gc.ca/eng/acts/P-8.6/.
Information collected will only be disclosed to person's and organizations within your circle of care.
Questions regarding the collection, use or disclosure of this Personal Information can be directed to:

Department: Privacy Team

Email: *privacy@seabirdisland.ca* **Phone:** 604-796-2177