



This form serves as consent by the parent(s)/guardian(s) of _____ for the interdisciplinary team of the Peak House School Program to collect, use, and disclose my child's personal information in accordance with the *Freedom of Information and Protection of Privacy Act* (British Columbia) ("FIPPA").

Personal information refers to any information that alone, or in combination with other information, may be used to identify an individual. Health care practitioners and teachers in the Peak House School Program will have access to your child's personal information, including, but not limited to:

- demographic information
- medical history and/or diagnosis
- treatment options and/or past treatments and treatment options
- physical, social, and emotional well-being
- educational options and/or past educational history, including learning diagnoses

This information will be collected for the purposes of providing a safe, supportive education plan during your child's participation in the Peak House School Program and a well-informed transition plan to the community and/or home school. This information will be stored for education program purposes within your child's confidential student file. Finally, if required under section 79(2) of the *School Act* (British Columbia), this information may be provided to persons providing health services, social services, or other support services.

Internal Information Sharing

Information use and sharing between clinical and educational staff in the Peak House School Program will be done either for the purpose for which it was collected or a use consistent with that purpose in accordance with sections 32 and 33 of FIPPA. Disclosure of personal information between clinical and educational staff may occur during established information sharing structures such as, but not limited to:

- interdisciplinary rounds or huddles
- team meetings, including intake, transition, family or discharge meetings

Information that will be shared in these cases includes safety issues and relevant behaviour(s) that are germane to student and/or staff safety and student learning.

External Information Sharing

Information exchange between educational staff in the Peak House School Program and the home school will be for the purpose of ensuring a successful transition from and back into the home school, including provision of information for the purpose of training the home school staff when requested. Exchange of this information may occur during an integrated case management meeting, transition or articulation meeting, initiated by home school staff, educational staff in the Peak House School Program, community health care professionals, or parents.



Documents that may be requested from the home school confidential student file include, but are not limited to:

- a copy of the permanent student record (PSR)
- copies of report cards
- copies of any psycho-educational, speech and language and/or academic assessments
- Individual Education Plan (IEP), if applicable
- School-Based Resource Team minutes
- behaviour observations or concerns

Home school staff that the educational staff in the Peak House School Program may contact include, but are not limited to:

- classroom teacher
- resource teacher
- school counselor
- school psychologist
- principal/vice-principal

Should you have any questions about how your child's personal information is collected, used, and disclosed by way of their participation in the Peak House School Program, please contact Ankie Carswell at acarswell@vsb.bc.ca or James Kelly at j.kelly@peakhouse.ca. Questions pertaining to the FIPPA and the legal authority under which the Vancouver School Board ("VSB") and the Vancouver Coastal Health Authority ("VCH") collect, use, and disclose your child's personal information can be directed to privacy@vsb.bc.ca or vchinformationprivacy@vch.ca.

This consent remains in effect until the conclusion of your child's enrolment in the Peak House School Program or until revoked in writing.



INTER-MINISTERIAL PROVINCIAL RESOURCE PROGRAM (PRP)
 CONSENT FOR COLLECTION, USE, AND DISCLOSURE OF PERSONAL INFORMATION
 Peak House School Program

I, _____ (parent/guardian’s name) consent to the collection, use, and disclosure of my child _____ information in the Peak House School Program as outlined above.

OR

I, _____ (student/patient’s name) consent to the collection, use, and disclosure of my personal information in the Peak House School Program as outlined above.

Specifically,

- internal information sharing and
- external information sharing

Parent/ Guardian Signature: _____

OR

Student/Patient Signature: _____

Date Signed: _____

Witness Name: _____ Role: _____

Witness Signature: _____

Home School Name: _____ School District: _____

Past School(s) to contact: _____