

WINDSOR-ESSEX HUMAN SERVICE AND JUSTICE COORDINATING COMMITTEE
HIGH RISK CASE REVIEW (ASSERTIVE COMMUNITY ENGAGEMENT) COMMITTEE

CONSENT FOR RELEASE OF INFORMATION

The goal of the High Risk Case Review Committee is to develop a specific plan of care, and define the unique supports required on a case by case basis, to ensure that individuals achieve their optimal level of functioning when returning to the community. This is achieved through the collaboration of a group of community partners who work together, share information, and commit to providing the specific services required. By consenting to the release of health care and other personal information below, you are giving permission to these agencies to share this information through discussion at the committee level. The committee is comprised of mental health service providers, justice and corrections representatives, emergency shelter, and mental health/physical health care services.

The High Risk Case Review Committee includes representatives from the following organizations: **Canadian Mental Health Association, Windsor-Essex County Branch (CMHA-WECB), City Centre Health Care (CCHC- Psychiatry), Assertive Community Treatment Team (ACTT), Mental Health Connections, Regional Support Associates, Windsor Regional Hospital/Hotel Dieu Grace Healthcare, Psychiatry, Windsor Police/COAST, Probation & Parole, Windsor Jail, South West Detention Centre, Welcome Centre shelter for women, Street Health, and St. Joseph's Health Centre Forensics Psychiatry.**

The members of the High Risk Case Review Committee have agreed that all information learned in the process of case review and related discussion is strictly confidential and will only be used for the purposes of planning services and coordinating community supports.

I, _____, _____,
Name **DOB**

consent to the disclosure of health care and other personal information as compiled by the above specified organizational members of the High Risk Case Review Committee, in respect to my mental health history and present service coordination needs.

I understand that the **High Risk Case Review Committee** may share written information or exchange information verbally for the purposes of referral, assessment, treatment planning, or coordination of necessary services.

I also understand that the information is being shared for the purpose of the development of a community service plan which will assist me in achieving my optimal level of functioning in the community. I may withdraw my consent to share information at any time.

Signed: _____ Date: _____

Witness: _____ Date: _____