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## British Columbia Autism Assessment Network (BCAAN) Informed Consent and Release of Information

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Child's/Youth's Name: \_\_\_\_\_

Under the freedom of Information Act and Protection of Privacy Act, families are entitled to know how information about them is collected, used, disclosed and retained.

Members of the BC Autism Assessment Network work together to ensure that your child will be assessed in the best possible way. To do this may require them to share information about your child's development and health.

1. This information will be used to help us manage our programs and to help plan for future needs. This information may also be used for studies done to learn more about childhood disorders. These studies will not use the name of your child or use other identifying information.
2. If your child is diagnosed as having Autism Spectrum Disorder (ASD), your health care professional must, by law, report your child's name, birth date and information about this ASD diagnosis to the Ministry of Health's Vital Statistics Branch. This information is strictly confidential.
3. Can BCAAN send you information updates on resources and/or research efforts that may be of benefit to you and your child?  Yes  No

I understand that my child's assessment information will be used as described above.

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Signature of Parent or Legal Guardian

Date  
yyyy-mm-dd

(Note: Regional case manager may accept verbal consent via phone)

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*This consent is kept on file with your child's case manager and you may correct or change it at any time.*

If you have questions about how this information will be used you can write to  
BCAAN – PHSA, 3644 Slocan Street, Vancouver, BC V5M 3E8