

HEART2HEART CONSULTING

Community Connection Services

Consent to disclosure of information



As a client with Heart2Heart Consulting, I have requested individual support services to help me connect with meaningful activities in the community that are a good match with my skills, interests and abilities. These activities may include recreation or volunteering in the community that involve varying levels of physical exertion, cognitive demands as well as interaction with other people.

Sharing information with Heart2Heart Consulting regarding my physical and/or psychological health may be required to ensure that my individual needs are met. This may include sharing specific medical reports with Heart2Heart Consulting and/or direct contact (telephone, meeting in person, virtual/video call or email) with my designated health care provider(s) to:

- Discuss my medical issues
- Consider the suitability of potential activities in the community
- Provide feedback on my participation in community activities such as describing the physical/cognitive demands of my chosen activities, schedule and attendance

The privacy of information I disclose to Heart2Heart Consulting will be maintained including notes taken, documents obtained and forms completed. This information will be securely stored and will not be shared without my consent. I am aware that I can request access to this information at any time.

I understand that I am not required to disclose details regarding my medical condition to community service providers or other program participants. This means that I will consider how much information I choose to share about myself and my medical condition with others in the community who may or may not maintain my privacy.

I accept that consultation and collaboration with community service providers may involve sharing information about my limitations, restrictions and/or triggers to facilitate my engagement in community activities and ensure my safety and well being.

I agree to disclosing my physical and/or cognitive limitations, restrictions and/or triggers to Heart2Heart Consulting and designated community service providers so that they are aware of my individual needs and abilities (see New Client Intake Form).

Limitations - activities that you generally avoid but could perform on an occasional basis

Restrictions - activities that you must avoid and cannot perform due to your disability

Triggers - something that affects your emotional state, often significantly, by causing extreme overwhelm or distress

I agree to Pat MacIntosh with Heart2Heart Consulting discussing my medical condition(s) with the following health care providers for the purpose of my participation in community activities.

Health care provider: _____

Address: _____

Preferred method of contact: _____

Health care provider: _____

Address: _____

Preferred method of contact: _____

Health care provider: _____

Address: _____

Preferred method of contact: _____

I agree to the release the following medical documents to Heart2HeartConsulting:

I agree to the above conditions regarding the confidentiality of my personal information and I elect to participate in community activities with the support of Heart2Heart Consulting.

Client name (print): _____

Client signature: _____ Date: _____