

Early Identification and Intervention Services

Western Nova Scotia
46 Parade Street, Yarmouth, NS B5A 3A9

Serving children 0-6 with Autistic
Spectrum Disorders and their families.

CONSENT FORM

EIIS offers assessment and treatment services for children with Autistic Spectrum Disorders. To do this, we require your consent to contact people who have had (or may in the future have) contact with your child.

These are the people we may contact as part of the EIIS process; Physicians, Occupational Therapists, Speech-Language Pathologists, Psychologists, Social Workers, Early Childhood Educators (day cares), Early Interventionists, Teachers, School Boards and other EIIS staff or partners.

I (we) _____
Parent / guardian of : _____
Address: _____

consent to the sharing of information (for example, a doctor’s report). I understand that if I do not consent to information sharing I will not be eligible for coordinated EIIS assessments and/or treatments, however, I will remain eligible for regular service.

All information is confidential with the following exceptions:

- If anyone is in danger
- Or if we, by law, are required to disclose information in our possession
- In cases where parents are separated or divorced, both parents may access this information

Specific Instruction: _____

IF CUSTODY IS JOINT, BOTH PARENTS MUST SIGN THIS FORM

_____ Parent / Guardian Signature	_____ Date
_____ Parent / Guardian Signature	_____ Date
_____ Witness Signature	_____ Date