

**CONSENT TO RELEASE/EXCHANGE OF CONFIDENTIAL
INFORMATION BETWEEN AGENCIES**

I/We _____ being the Parent(s)/Guardians of
_____ give consent for **Stepping Stones Child & Family Services** to
release/exchange information with **initial(ed)** agency(ies) bellow.

- | | |
|---|--|
| _____ Adventure Place | _____ Rouge Valley Health System |
| _____ Aisling Discoveries Child & Family Centre | _____ St. Joseph's Health Centre |
| _____ Autism Ontario | _____ Surrey Place Centre |
| _____ Boys and Girls Club of East Scarborough | _____ Terry Tan Child Centre |
| _____ Canadian Tire Jump Start | _____ The Etobicoke Children's Centre |
| _____ Centennial Infant Child Centre | _____ The George Hull Centre |
| _____ Children's Treatment Network | _____ Toronto Partnership for Autism Services |
| _____ Community Living Toronto | _____ Toronto East General Hospital |
| _____ Community Living York Simcoe | _____ Toronto Foundation for Student Success |
| _____ Community Care Access Centre | _____ Toronto Public Health |
| _____ Erinoak Kids | _____ Town of Markham |
| _____ Geneva Centre for Autism | _____ Town of Whitchurch-Stouffville |
| _____ Griffin Centre | _____ Toronto Children's Services |
| _____ Hinks Dellerest Centre | _____ Toronto Catholic District School Board |
| _____ Holland – Bloorview | _____ Toronto District School Board |
| _____ Jennifer Ashley Foundation | _____ Toronto Public Health |
| _____ Kerry's Place | _____ York Central Hospital |
| _____ Metro East Youth Services | _____ York Region Catholic District School Board |
| _____ Macaulay Child Development Centre | _____ York Region District School Board |
| _____ North York General Hospital | _____ York Region Early Intervention |
| _____ President's Choice Children's Charity | _____ York Support Services Network |
| _____ Reach for the Rainbow | |
| _____ Respite Services | |

Other(s):

By signing below, I/We am/are providing my/our consent for the release/exchange of confidential information, both written and verbal, for the purpose of coordination of services.

Signature of Parent/Guardian

Date: MM/DD/YY

Signature of Witness

Date: MM/DD/YY

This consent expires 6 months from date signed