

Accessible Education Services (AES)

Informed Consent, Confidentiality, and Sharing of Information Agreement

Student Name: _____

Student #: _____

Informed Consent

The following statements describe the essential elements of the accessibility counselling relationship, and it is important to us that you understand these before your appointment. **If you agree with all of them, sign and date the form.** If you have any concerns or questions about any of them, do not sign the form, but instead email the counselling receptionist at caes@flemingcollege.ca to let them know this is something you want to discuss with your accessibility counsellor.

Your counsellor will maintain your **confidentiality** except where required by law and ethics to report. Your counsellor is required to disclose information, without your consent, to authorities inside

or outside the College. These **rare** situations may include, but are not limited to, the following:

- You present a serious risk of harm to yourself or others. This may require sharing of relevant information with the Fleming Behaviour Assessment Management Team, as defined under Fleming's Violence Prevention policy #4-420, or the appropriate services, individuals, and/or authorities.
- If you reveal a case of apparent or suspected abuse (physical, emotional or sexual) or neglect of a child (who is under the age of 16 at that time). A professional, or member of the public, who is concerned that a 16-or 17- year-old is, or may be, in need of protection may, but is not required to, make a report to a society and the society is required to assess the reported information. [CYFSA, s. 125(4)].
- If you report sexual abuse involving a health care professional regulated under the *Regulated Health Professions Act* (e.g., physicians, psychologists, dentists, etc.);
- If disclosure is required to comply with a summons, subpoena, court order, statute, or regulation, or for the purpose of legal proceedings, or contemplated legal proceedings, in which Fleming College or a Fleming College staff member is, or is expected to be, a party or witness, and the information relates to or is a matter in issue in the proceeding or contemplated proceeding.

As part of our **collaborative** approach, your accessibility counsellor will share only the relevant and necessary information about you and your accommodations with the service providers in Accessible Education Services and across student services. This diverse team of professional staff including learning strategists, learning strategies advisors, assistive technologists, tutoring coordinators, assessment & testing coordinators, accessibility facilitators, and student success coaches will have access to information on a **need-to-know basis** to provide or facilitate accommodations or services. The Manager and/or Director of Accessible Education Services will have access to your file as needed, to provide appropriate consultation and supervision.

If you require this form in alternate format, please email disabilities@flemingcollege.ca

The information you provide on this form is collected by the College in accordance with the Freedom of Information and Protection of Privacy Act and is used by the College for administrative and planning purposes, admission, registration, and programs of the College. If you have questions about this collection of Personal Information, please contact the Privacy and Policy Officer by emailing freedomofinformation@flemingcollege.ca

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Informed Consent Continued

There are **no fees** for counselling services or the accommodations we set up for you. There are **risks** and benefits associated with accessing disability accommodations and accessibility counselling.

We use the data we collect from you to report annual anonymized data to the Ontario government and to review service effectiveness or student success rates. Your name or any identifying information is **not** reported and we only report on groups of students.

Your counsellor will create a **Letter of Accommodation** listing your accommodations and will email your faculty each semester to give them access to it. You will be required to meet with your accessibility counsellor at the end of your first semester to renew your accommodations.

Collection, Use, and Retention of Personal Information

The Fleming AES team keeps records for all students who access any part of the service(s). Hard copy records are stored in locked filing cabinets, and electronic files are stored on a password protected secure server. Records are kept for 10 years following your last contact with your counsellor or 18th birthday (whichever is later), after which all records are deleted or destroyed.

Access to your counselling session notes is limited to Fleming counsellors within Health, Wellness, and Accessibility Services, and Management – only as needed. Access to your disability documentation is only available to staff members who require access to it, to provide accommodations or assess the need for accommodations or services. This documentation is never shared outside of the circle of care team members listed above, without your verbal or written consent.

The Fleming AES team collects personal information necessary to provide services and to keep accurate records. Personal information collected may include, but is not limited to:

- Copies of correspondence with you or about you;
- Intake, consent, release of information and confidentiality forms and information, including identifying information, histories, address and other contact information;
- Scheduling, appointment, and support/service history;
- Session notes, emails, or points of contact;
- Referral information and records provided by other services or health providers

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Sharing Your Information Internally to Fleming Staff and Faculty

To provide streamlined and efficient communication and services, we ask that you initial beside any individuals, departments, or College units, that you consent to receive information related to providing your accommodations or services and that you are a student with either a temporary or permanent disability, on a **strictly need-to-know basis**.

Information related to providing your accommodations or services can include: what your accommodations or service needs are, functional limitations, academic progress, learning profile [strengths and areas for growth], ways or how to apply or provide certain accommodations in various learning environments, implications of accommodations on learning outcomes etc.)

- | | |
|---|---|
| <input type="checkbox"/> Faculty and Program Members* | <input type="checkbox"/> Program Chair |
| <input type="checkbox"/> Registrar's Office (records) | <input type="checkbox"/> Preceptor/On Site Supervisor |
| <input type="checkbox"/> Financial Aid/OSAP | <input type="checkbox"/> Placement Coordinator |
| <input type="checkbox"/> IT Services | <input type="checkbox"/> Security/Health & Safety |
| <input type="checkbox"/> Housing/Residence | <input type="checkbox"/> Other: _____ |

(instructors, placement coordinators, program coordinators, program chairs, lab coordinators, clinical instructor, placement preceptor)

Due to system limitations (timetabling, schedule changes, faculty assignments etc.), there is a potential that your Letter of Accommodation is available to faculty in your program but who are not your direct course faculty member. If that occurs, you or faculty can notify us, and we will correct the information and ask the faculty to disregard and delete the Letter of Accommodation.

Your signature below indicates that you understand the above information, you consent to the sharing of your information within the Counselling and Accessible Education Services Circle of Care, and you consent that the above-noted individuals be given your information for the purposes of delivering the services mentioned above, and you consent to receiving services through our department.

This agreement is in effect for the duration of the time that you are a student at Fleming College. You have the right to withdraw consent for service at any time.

Student Signature: _____ Date: _____

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