

Referral Commitment and Consent Form

- Adolescent aged 14 and over

Marie-Vincent (“**MV**”) is a Child and Youth Advocacy Centre where children, adolescents, and their parents can access psychosocial, psychotherapeutic, police, medical, and socio-judicial services related to sexual violence – all in one location. Some of these services are provided through MV’s partner organizations.

To that end, MV offers specialized services for children and adolescents who have experienced sexual violence, as well as for children under the age of 12 who present sexual behaviour problems. Prior to interventions, an assessment of the child or adolescent is conducted to identify their needs in relation to sexual violence, allowing for effective intervention through tailored support or referral to an appropriate resource.

An adolescent aged 14 and over must consent to an assessment of their needs and/or specialized interventions if they consider that this assessment or these interventions are in their best interest.

To be completed by the referring party

Identification of the adolescent aged 14 and over

Legal first and last name: _____

Preferred first name (if different): _____

Date of birth (DD/MM/YYYY): _____

Address(es): _____

Preferred method of communication

Email address: _____

Phone number: _____

Identification of the referring party

First and last name of referring party: _____

Professional title: _____

Referring organization: _____

Referral Commitment and Consent Form - Adolescent aged 14 and over

To be completed by the adolescent

Personal information collected by MV

In addition to your personal identifying information, the following personal information might be shared by the referring party with MV's service access agent. This information is used to determine whether your request meets eligibility criteria, to complete the preparation of your case file, including the service request, to confirm placement on the waiting list, and, if necessary, analyze the priority level of the service request. This communication also enables you to potentially receive an assessment of your needs and/or specialized interventions.

Personal information that might be disclosed (check all that apply):

- Information related to your social and family situation as well as your global functioning
- Information related to sexual violence situation and the socio-judicial trajectory
- Physical and psychological health information
- Information required for the preparation of your file
- Other: _____

Categories of third parties to whom personal information will be disclosed

To enable MV to assess whether the request meets eligibility criteria, ensure the proper preparation of your case file, and allow that you benefit from an assessment of your needs and/or specialized interventions, MV may share the above-mentioned personal information with your referring party and other third parties involved in your case.

- Indemnisation des Victimes d'Actes Criminels (IVAC) YES NO
First and last name: _____
- Marie-Vincent Research Chair YES NO
First and last name: _____
- Director of Youth Protection YES NO
First and last name: _____
- Crime Victims Assistance Centres (CAVAC) YES NO
First and last name: _____

Referral Commitment and Consent Form - Adolescent aged 14 and over

- Health and Social Services network YES NO
First and last name: _____
- School service Centres YES NO
First and last name: _____
- Police YES NO
First and last name: _____
- Holder of parental authority or legal guardian YES NO
First and last name: _____
- Other YES NO
First and last name: _____

Right of access, withdrawal, and correction

Subject to certain conditions, the *Act respecting the protection of personal information in the private sector* gives the right to access and request corrections to your personal information held by MV.

You may also withdraw your consent to your referral to MV's services at any time by informing the service access agent who received the referral, either verbally or in writing.

For any questions regarding your personal information or to exercise any of the above-mentioned rights, please contact us at: vieprivee@marie-vincent.org, indicating "client case file" in the subject line of your email.

Commitments

I can travel to MV for the duration of my services at MV. The treatment period shall be determined after the assessment of my needs.

Yes No

Referral Commitment and Consent Form - Adolescent aged 14 and over

Commitments

I wish to be placed on the following waiting list (only one choice possible).

- Montreal (4100 Molson Street, Suite 400, Montreal, H1Y 3N1)
- Montérégie (265 d'Anjou Blvd., Châteauguay, J6J 2R4)

Please note that the centre in Montérégie is not accessible to residents of Montreal.

I agree to complete my application to IVAC (compensation for victims of criminal acts), if need be. I also agree to inform MV of my IVAC case number and the date of the event as soon as it is issued.

- Does not apply Yes No

I understand that if I do not meet the referral criteria, or if I fail to complete the required steps for preparing my case file within the two three-month deadlines provided by MV, I will be removed from the waiting list. I understand that the referring party will be notified of the removal of my name from the waiting list

- Yes No

Consent

I understand that my request for services must be submitted by a referring professional and I authorize the referring party to communicate the information required for my referral to MV, as identified in the above form.

- Yes No

I authorize MV to communicate with the referring party or other third parties, as indicated in the above form.

- Yes No

I consent to having MV recommend a group therapy service if MV determines that such a service meets my needs.

- Yes No

I consent to MV offering the services of a trained and supervised trainee or intern if MV determines that such a service meets my needs. I understand that this may involve recorded treatment sessions and that the content of these sessions may be discussed under supervision for clinical and training purposes.

- Yes No

Referral Commitment and Consent Form - Adolescent aged 14 and over

Signature of the adolescent aged over 14

Signature: _____

Name in block letters: _____

Date (DD/MM/YYYY): _____

N.B.1 This form must be duly completed and returned to the reception of MV in order to open your file, complete your service request and confirm your placement on the waiting list.

N.B.2. This consent form is valid from the date your name is placed on the waiting list until the end of the service period for which you have been referred, unless you have chosen to withdraw.