

Referral Commitment and Consent Form – Children under 14

Marie-Vincent (“**MV**”) is a support centre for children and youth 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 treatment 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 treatment, 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.

For a child under the age of 14 to receive a needs assessment and/or specialized treatment, the holders of parental authority must provide consent if they believe that such services are in the child’s best interest.

N.B. 1: According to MV’s service access criteria, only children under the age of 12 who exhibit sexual behaviour problems are eligible for specialized treatment services. As such, signing this commitment form does not guarantee that the child will receive these services. The decision to offer services will be made either prior to case assignment or at the time of the needs assessment.

N.B. 2: When multiple adults hold parental authority (e.g., both parents), all must consent to the services. The consent of solely one holder of parental authority is permitted if the other holder has not been involved in the child’s life for several years, or if a court order specifies that services may be authorized by a single holder. If consent from one of the holders of parental authority cannot be obtained, the referring party must provide a court order stating that one parent may consent to the physical and psychological care of the child referred to MV.

N. B. 3: The referring party must ensure that an accompanying adult (parent, legal guardian or significant adult) is available to provide transportation to MV’s premises and support for the child.



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To be completed by the referring party

Identification of the child

Legal first and last name of the child: _____

Preferred first name of the child (if different): _____

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

Child's address: _____

Identification of the referring party

First and last name of referring party: _____

Professional title: _____

Referring organization: _____

To be completed by the holders of parental authority

Identification of the holders of parental authority

First and last name of the holder of parental authority 1: _____

Preferred method of communication:

Email: _____

Phone number: _____

First and last name of the holder of parental authority 2: _____

Preferred method of communication:

Email: _____

Phone number: _____



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Personal information collected by MV

In addition to personal information identifying the holders of parental authority and the child, the following personal information might be shared by the referring party with MV's service access agent. This information is used to determine whether the request meets eligibility criteria, complete the preparation of your child's case file, including the service request (for children under 14), confirm placement on the waiting list, and, if necessary, analyze the priority level of the service request. This communication also enables your child to potentially receive a needs assessment and/or specialized treatment.

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

- Information on the social and family situation and your overall current life context
- Information on the sexual violence and/or sexual behaviour exhibited by your child as well as the socio-judicial trajectory
- Physical and psychological health information
- Information required for the preparation of the child's 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 child's case file, and allow your child to benefit from a needs assessment and/or specialized treatment, 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: _____

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- Director of Youth Protection YES NO
 First and last name: _____
- Crime Victims Assistance Centres (CAVAC) YES NO
 First and last name: _____
- 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 child's personal information held by MV. You may also withdraw your consent to your child's 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.



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Commitments

I am able to travel to MV for the duration of my child's treatment at MV. The treatment period shall be determined after the need's assessment.

- Yes No

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 an application to IVAC (compensation for victims of criminal acts) for my child, if need be. I also agree to inform MV of my child's IVAC case number as soon as it is issued.

- Yes No Does not apply

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



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Consent

I consent to having MV recommend a group therapy service for my child if MV determines that such a service meets the child's needs.

Yes No

I consent to MV offering the services of a trained and supervised trainee or intern for my child if MV determines that such a service meets the child's 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

Signatures of the holders of parental authority

Signature of holder 1: _____

Name in block letters: _____

Date (DD/MM/YYYY): _____

Signature of holder 2: _____

Name in block letters: _____

Date (DD/MM/YYYY): _____

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

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