

Confidentiality and Consent Agreement

Student name:	
Student ID:	

STEP 1: Read the agreement

Following privacy standards, your information is kept confidential within the AccessAbility Services department and your consent must be obtained to release information. Your personal health information is stored securely on our AccessAbility Services online system. Please note, AccessAbility Services may disclose your information without your consent in a number of situations including (but not limited to):

- In order to eliminate or reduce a significant risk of serious bodily harm to self or another person(s).
- In response to a court order or summons for record.
- Reported sexual abuse by a regulated health professional.

STEP 2: Indicate your consent

AccessAbility Services may need to engage with campus partners as part of facilitating your accommodation plan. For example, we may need to share your registration status with our office, and your accommodation eligibilities. Read through the list of campus partners/services below and use the check boxes to indicate the services you authorize AccessAbility Services to release/receive information to/from in order to facilitate your accommodations:

Academic Unit (e.g. professors, academic advisors, instructors, chairs) for facilitating academic accommodations.

Registrar's Office or Graduate Studies and Post Doctoral Affairs for the purpose of facilitating petitions or retroactive accommodations.

Student Awards and Financial Aid for the purpose of confirming eligibility for bursaries and awards.

Co-operative Education for the purpose of facilitating accommodations related to your co-op work terms.

Campus Housing for the purpose of facilitating accommodations within your UWaterloo residence.

Library for the purpose of enabling access to library services, such as alternate format of course materials.

Athletics for the purpose of enabling access to campus recreation (e.g. Move Your Mind) and/or to accommodate you as an athlete.

STEP 3: Sign and date

By signing below, I have reviewed the confidentiality and consent agreement above, had the opportunity to ask questions, and I understand and agree to these statements. Consent can be withdrawn at any time by contacting AccessAbility Services.

Student signature:	Date:
Witness signature:	Date:

This consent is valid for one (1) year from the date signed.

AccessAbility Services - University of Waterloo

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P. 519.888. 4567 ext. 35082. F. 519.746.2401

Web: uwaterloo.ca/accessability-services | E-mail: access@uwaterloo.ca

Permission to Disclose Information

This form is optional. Your privacy and confidentiality are important to us. There may be times when a student will request that AccessAbility Services shares confidential information with, or receives confidential information from, an individual or organization for the purposes of designing, implementing, and facilitating the accommodation plan. Examples may include: a parent or spouse, UWaterloo Counselling Services, UWaterloo Health Services, a family physician, etc. If you would like to give permission for AccessAbility Services to exchange such information, your written consent is required.

Student name:	
Student ID:	

In completing and submitting this form, the above-named student provides consent for AccessAbility Services at the University of Waterloo to obtain/disclose information (*written or verbal*) with the following individual/organization:

UWaterloo Counselling Services UWaterloo Health Services Clinical Case Manager, UWaterloo Health Services UWaterloo Sexual Violence Prevention and Response Office Other, please specify:	
Contact name:	
Contact address:	
Contact telephone:	
Contact location:	Internal (On-campus) External (Off-campus)

The information obtained/disclosed may include:

Registration status with AccessAbility Services
Accommodation plan including eligibilities
Clinical and/or medical records
Clarification of medical/clinical information and associated functional limitations
Other, please specify:

The information can be obtained/received for the purpose of:

Coordinating services
Designing, implementing, and facilitating my academic accommodation plan
Other, please specify:

By signing below, I provide consent for the disclosure of the identified personal health information in my file(s). I have read and understood the information and give my consent willingly.

Student signature:	Date:
Witness signature:	Date:

This consent is valid for one (1) year from the date signed.