

**Consent for Release of Information by
Holland Bloorview Kids Rehabilitation Hospital and
Foundation**

I give consent to Holland Bloorview and Holland Bloorview Foundation to release photographs, video, audio and voice clips, quotes, name, age and diagnosis of:



Name of client/child Age Diagnosis (Optional)

For use in Hospital and/or Foundation promotional materials, publications and communications, for example; annual report, BLOOM, fundraising material, award submissions, Hospital and/or Foundation website, social media sites, and media stories (print, radio, television). Photos, videos and sound bites are stored in a protected photo bank.

PRIVACY: Holland Bloorview Kids Rehabilitation Hospital and Foundation take steps to protect your privacy. We do our best to prevent content from being used by others, however this is not always possible. The Hospital and/or Foundation cannot be held responsible for final text and images used in external media.

YOUR DECISION: It's your choice to take part. Your decision won't change the care you and your family receive at Holland Bloorview.

Name of person providing consent: _____
Client, if over 18. If not, parent or guardian Relationship to child

Signature: _____ **Date:** _____

Your Contact Information (for Holland Bloorview records only):

Name of consenting person: _____
First Name Last Name

Phone: (____) _____ - _____ E-mail: _____

Address: _____
Street Address – No., Street, Apt

City Province Postal Code

Please return this form to:
Holland Bloorview Kids Rehabilitation Hospital Foundation
For more information, please call (416) 424-3809.
Thank you!

FOR INTERNAL USE ONLY Date: _____ Consent expiry date: _____
Current project: _____ Staff member explaining consent: _____

The personal information you give us on this form allows us to communicate to the public about our Hospital. We collect this information under the authority of the Public Hospitals Act. If you have any questions, please contact the privacy office at 416-425-6220 ext. 3467 or privacy@hollandbloorview.ca.
If at any time you wish to be removed from our contacts, please call us at 416-424-3809 or email foundation@hollandbloorview.ca

Why am I being asked for my/my child's diagnosis?

Please only share this information with us if you are comfortable doing so. We will share stories about a specific disability and it is important to us that we tell authentic stories and show pictures that reflect kids and alumni who actually share that disability.



This information also helps us to get to know you and may help to provide more opportunities for you to help us to increase awareness and ultimately end disability stigma.



Where might my/my child's image be used?

Images, videos, sound bites and text content may be used in Hospital and/or Foundation promotional materials, publications and communications, for example; annual report, BLOOM, fundraising material, award submissions, Hospital and/or Foundation website, social media sites, and media stories (print, radio, television). Photos, videos and sound bites are stored in a protected photo bank.

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Will you notify me when my/my child's photographs, video, audio and voice clips, quotes, name, age and diagnosis will be used in a story, in (social) media or in publications?

We will do our best to let you know when and how we will use photos and videos that you've consented for us to use but human error can occur and we may miss notifying you on occasion. We will do our utmost to make sure this is a rarity. If you find your story/photo/video being used in ways you didn't expect, please contact Christine Hill, christine.hill@hollandbloorview.ca and we'll do our best to resolve the issue as quickly as possible.

You will be asked to renew consent every three years from the time you first sign this consent form.

Thank you for your partnership!

Please contact christine.hill@hollandbloorview.ca or 416-425-6220 x7063 if you have any questions

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