

**CONGENITAL ANOMALIES SURVEILLANCE YUKON (CASY)**  
**Consent to information collection - Mother/Fetus**

Congenital Anomalies Surveillance Yukon (CASY) is requesting your consent for the collection of some medical and personal information regarding the birth defect identified in your baby. Please note consent is entirely voluntary and access to health services will not be affected in any way if you refuse.

With the consent of a parent, CASY is collecting information on all Yukon babies found to have a birth defect. The information relating to the birth defect in your baby is contained in your medical file. This information can help in identifying birth defect trends and in early identification of environmental exposures that can have an effect on babies before they are born. CASY can also help with planning and accessing health services that may benefit mothers during future pregnancies.

CASY is a project of the Department of Health and Social Services. The information collected will only be disclosed if the law allows it as stated in *Yukon's Access to Information and Protection of Privacy Act*.

If you wish, a pamphlet which explains CASY in more detail will be given to you, along with a copy of this consent.

The following birth defect was diagnosed in my baby: \_\_\_\_\_

Name of patient	Date of birth (YYYY/MM/DD)	Yukon health care number

Please answer (a) and (b) below:

- (a)  I agree to allow my doctor and other sources of information such as the hospital where I was treated to provide (disclose) to Health and Social Services pertinent medical and personal information on myself regarding the birth defect identified in my baby. I agree to allow Health and Social Services to collect information from my doctor and other sources.\*
- (b)  I agree to include my personal health information in the Congenital Anomalies Surveillance Yukon database. \*

Signature of patient	Date Signed (YYYY/MM/DD)

Name of witness	Date Signed (YYYY/MM/DD)

Signature of witness	Date Signed (YYYY/MM/DD)

I have explained the nature and consequences of this consent to the person named above, and provided them with pertinent information and answered their questions: \_\_\_\_\_  
Initials

\* Please note you may withdraw your consent at any time by sending CASY a **signed** letter or **signed** e-mail letting us know that you are withdrawing your consent.

Information is collected under the authority of the *Public Health and Safety Act* Sections 2.1(1) and 2.2(2)(d) and in compliance with the *ATIPP Act* for the purpose of determining rates and trends of birth defects in Yukon. Any questions regarding this can be directed to:

**CONTACT INFORMATION**

CASY Coordinator  
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