

CONGENITAL ANOMALIES SURVEILLANCE YUKON (CASYS)

Consent to information collection - Child

Congenital Anomalies Surveillance Yukon (CASYS) is requesting your consent for the collection of some medical and personal information regarding the birth defect identified in your child. 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 or guardian, CASYS is collecting information on all Yukon babies found to have a birth defect. 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. CASYS can also help with planning and accessing health services that may benefit mothers during future pregnancies.

CASYS 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 CASYS in more detail will be given to you, along with a copy of this consent.

My child _____ born on _____
Name of child date of birth (YYYY/MM/DD)

born at _____ in _____ # _____
Hospital territory/province Yukon health care number

has been diagnosed with the following birth defect(s): _____

Please answer (a), (b), (c) and (d) below:

- (a) I have sole legal custody of this child.
- The child's other parent and I share custody of this child.
- Other (please explain): _____
- (b) I am not aware of any agreement or court order prohibiting me from giving this consent for the child.
- (c) I agree to allow my child's doctor and other sources of information such as the hospital where my child was treated to provide (disclose) to Health and Social Services pertinent medical and personal information on my child regarding this birth defect. I agree to allow Health and Social Services to collect information from my child's doctor and other sources. *
- (d) I agree to include my child's personal health information in the Congenital Anomalies Surveillance Yukon database. *

Name of parent or guardian Relationship to child

Signature of parent or guardian Date signed (YYYY/MM/DD)

Name of witness

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 CASYS 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
 CASYS Program Coordinator
 305 Jarvis Street (HP305), Whitehorse, Yukon, Y1A 2H3
 Phone: (867) 667-8563 / Fax (867) 667-8349
 Email: casys@gov.yk.ca / www.hss.gov.yk.ca/casy.php