

**Social Enterprise for Canada ("SEC") Supervised Access Program**

**CONSENT TO DISCLOSURE AND EXCHANGE OF INFORMATION**

I, \_\_\_\_\_ of \_\_\_\_\_  
(name) (address)

hereby give my consent that the staff of the SEC Program are authorized to:

- A) Discuss any and all matters related to access for my child(ren) with: \_\_\_\_\_
- B) Release any reports and/or documents about me and/or my child(ren) prepared or received by staff of the SEC Program to; and

(Items 1 – 6 are required for all cases. Please initial next to all items to show that you have consented. Contact information related to the parties and/or the child(ren) will not be released unless required by legislation or the direction of the courts).

**INITIALS**

- \_\_\_\_\_ 1. \_\_\_\_\_  
(Custodial Party)
- \_\_\_\_\_ 2. \_\_\_\_\_  
(Non-Custodial/Visiting Party)
- \_\_\_\_\_ 3. The Court
- \_\_\_\_\_ 4. The lawyer representing the Custodial Party
- \_\_\_\_\_ 5. The lawyer representing the Non-Custodial Party
- \_\_\_\_\_ 6. the lawyer representing the child(ren)
- \_\_\_\_\_ 7. the Child Protection Agency
- \_\_\_\_\_ 8. the Police Services
- \_\_\_\_\_ 9. Other (must specify) \_\_\_\_\_

When requested in writing, the Custodial Party, Visiting Parent or either of their lawyers, copies of the observation reports of factual observations of the visits/exchanges will be provided to all parties simultaneously (on receipt of any payment required by the Centre). Please request at least 3 weeks in advance.

\_\_\_\_\_  
(Name – please print) ( Signature) (Date)

\_\_\_\_\_  
(Witness – please print) ( Signature) (Date)

- C) I hereby consent to a confidential review of my file contents by a review team composed of coordinators from other Supervised Access Centres for the purpose of a peer review of the Centre to maintain service quality. This review includes forwarding a confidential service quality report containing no identifying information to the Supervised Access Program at the Ministry of the Attorney General. I understand that my access to service is in no way related to my consent to this review.

\_\_\_\_\_  
(Name – please print) ( Signature) (Date)

\_\_\_\_\_  
(Witness Name – please print) ( Signature) (Date)