



**Disclosure of Information**

In order to provide services and to assess any risk of harm to Horizons Training Centre Society (Horizons Centre) Staff, Clients, General Public and the Applicant; Horizons Centre (H.C.) will provide services only upon the condition that full disclosure of all information, as stated below, pertaining to the applicant currently in the possession of the referring party (e.g., Individual, Guardian, Caregiver, P.D.D.) is noted:

- Any history of violent, threatening, unlawful, sexual, or suicidal behavior on the part of the applicant.
- All available professional opinions regarding the applicant’s inclination towards violent, threatening, unlawful, sexual or suicidal behavior.
- Any medical or other information regarding medication, therapy, or other treatment that may assist in avoiding violent, threatening, unlawful, sexual, or suicidal behavior on the part of the applicant.
- Any communicable health condition.
- Any other information that might assist Horizons Centre in providing community support services to the applicant.
- The identity of any other health care provider, custodian or affiliate of a custodian including Alberta Health Services, Canadian Mental Health Association etc. which may have any of the above information in its possession.

It is a further condition precedent to Horizons Centre providing services that:

- The referring parties provide all required consents to the disclosure of any of the above information and to the use of such information for the purpose of providing supports to the applicant.
- The referring parties acknowledge in writing that (they) agree to provide the above disclosure and warrants that they have made such a disclosure.

\_\_\_\_\_ has applied to Horizons Centre for services and the involved parties agree to comply with the above conditions. The referring parties further warrants and represents to Horizons Centre that it has made full disclosure to H.C. of all information of which it is aware, respecting the applicant as required by the above conditions. The referring parties also undertake to promptly provide H.C. with any additional similar information regarding the applicant which it receives or becomes aware of in the future, while the applicant remains in H.C. programs. Failure to do so may result in immediate termination of services.

**DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Executive Director Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_