

Withholding Consent

Family Respite Services Windsor / Essex Service de répit familial Windsor / Essex 3295 Quality Way, Unit 101A Windsor, ON N8T 3R9

Tel (519) 972-9688 Fax (519) 972-8902 www.familyrespite.org



Respite Provider Consent Form

Statement of Purpose for the Collection, Use and Disclosure of the Personal Information Provided

The information collected directly from you when applying to be listed as a Respite Provider will be forwarded to respiteservices.com and Family Respite Services. By signing this consent form, you will be consenting to the collection, use and disclosure of personal information contained in the application form in accordance with the respiteservices.com Privacy Policy and the Terms of Use.

The information that you provide will be used for the following purposes:

- to determine your suitability for providing respite services to families;
- to facilitate the process of connecting you with a family in need of respite services;
- to send you information, documents or forms required to keep your information up-todate; and
- for quality assurance purposes, including feedback on how effective and helpful our services have been, to allow us to improve our services

If there are any restrictions regarding the collection, use, and disclosure of the information provided please provide the details below.	
Statement of Purpose for the Collection, understand that I can refuse to provide cand change my information or withdraw	, have reviewed and fully understood the Use, and Disclosure of Personal Information. I consent. I also understand that at any time I can access my consent by providing notice in writing to Family tion, use, and disclosure of my personal information for
Signature of Respite Provider	Witness Signature
Printed Name	Printed Name