

Student Informed Consent for Mental Health Disability Documentation

Dear Student,

The Documentation of Mental Health Disability form documenting a mental health disability is used by Access Service at the University of Ottawa to assist with determining appropriate academic accommodations and support services. In addition, the form provides additional information to:

- confirm a formally diagnosed mental health disability
- determine if the condition is permanent or temporary
- evaluate functional limitations in a university academic setting
- obtain additional information relevant to a mental health disability

You are not required to disclose your mental health diagnosis in order to receive accommodations or support. Should you choose not to disclose the specific DSM diagnosis on the attached form, please inform your doctor before he or she completes the documentation form.

A diagnosis is used by a trained disability service professional at Access Service to infer and anticipate barriers and accommodation needs in an academic setting where relevant information is not otherwise available. If the information on the documentation form is not sufficient to determine appropriate academic accommodations, Access Service may request additional documentation.

The information obtained in the documentation form may need to be updated periodically to ensure your disability documentation is current and relevant to your needs.

The information provided will be treated confidentially by Access Service in accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)* and *Personal Health Information Protection Act (PHIPA)*. The information provided will be kept in confidence, used for the purposes described above, and disclosed internally only on a limited, need-to-know basis.

If you have any questions regarding your mental health disability documentation, please contact Access Service. Remember to bring this letter and the completed documentation form to your first Access Service appointment.

I confirm that I have read and understood the above information. I, _____, hereby authorize the physicians, healthcare practitioners, hospitals and other institutions involved in the treatment or assessment of my current illness or disability to disclose information regarding my current illness or disability to Access Service at the University of Ottawa. The information to be disclosed will be limited to information that relates directly to, and is necessary for, achieving the purposes described above.

Name: _____

Student Number: _____

Signature: _____

Date: _____