



Your trust is essential to us. This form allows us to obtain your consent so we can provide safe, appropriate, and respectful services tailored to the needs of your loved one. Your information will be treated with strict confidentiality, in accordance with Law 25 and all other applicable laws in Québec.







“ You take care of others. We are here to help support you. ”

1 INFORMATION ABOUT THE PERSON RECEIVING SUPPORT

Full name : _____
 Date of birth : _____
 Address : _____
 Reference person(s) : _____
 Phone : _____ Email : _____

2 CONSENTS AND AUTHORIZATIONS

By signing this form, I authorize UniRépit and its representatives to perform the following in connection with the services offered to my loved one:

| | |
|---|--|
|  <p>Provision of services I authorize UniRépit to provide in-home respite support services in accordance with the established support plan.</p> | <input type="checkbox"/> I authorize <input type="checkbox"/> I refuse |
|  <p>Communication I authorize UniRépit to communicate with the individuals involved in the follow-up and coordination of services.</p> | <input type="checkbox"/> I authorize <input type="checkbox"/> I refuse |
|  <p>Relevant information I authorize UniRépit to collect, use, and share the information necessary to provide safe and appropriate services (e.g., medical information, feeding methods, special instructions).</p> | <input type="checkbox"/> I authorize <input type="checkbox"/> I refuse |
|  <p>Partners and subcontractors I authorize UniRépit to share the information necessary with partners or subcontractors (e.g., payment platform, insurers, professional services) for the purpose of delivering services.</p> | <input type="checkbox"/> I authorize <input type="checkbox"/> I refuse |
|  <p>Photos and testimonials (optional) I authorize UniRépit to take photos or use testimonials for promotional purposes (website, social media, printed materials).</p> | <input type="checkbox"/> I authorize <input type="checkbox"/> I refuse |
|  <p>Emergency situations I authorize UniRépit to take the necessary measures in case of an emergency to ensure the safety and well-being of my loved one.</p> | <input type="checkbox"/> I authorize <input type="checkbox"/> I refuse |

3 DURATION OF CONSENT

This consent remains valid as long as your loved one receives services from UniRépit, or until you modify or withdraw it in writing.

4 WITHDRAWAL OR MODIFICATION

You may withdraw or modify your consent at any time by contacting us. This withdrawal or modification will not affect any actions already taken before we receive it.

5 ACKNOWLEDGMENT

I confirm that I have read and understood this form and accept the terms stated above.

Name of signer : _____ Relationship to the person receiving support : _____
 Date : _____



SIGNATURES

UniRépit Representative : _____
 Date : _____

Parent / Guardian / Representative : _____
 Date : _____

