

### Informed consent form (3 pages)

RIOzorg handles your data with care. In order to provide good care, we ask you for permission to request the following information.

I hereby give permission to the care providers who work at RIOzorg.

<p>To contact the school by telephone and / or in writing (in person or via the internal counselor, teacher and / or remedial teacher) about the;</p>	<p>Yes/No</p>
<p>Requesting cito results and / or action / care plans from the school.</p> <p><b>School information</b></p> <p>Name of school .....</p> <p>Address .....</p> <p>Zipcode and city .....</p> <p>Phone number .....</p> <p>E-mail address .....</p>	<p>Yes/No</p>
<p>If you or your child has previously been in care at another care institution, requesting research reports and / or treatment plans from that care institution.</p> <p><b>Healthcare institution information</b></p> <p>Name of healthcare institution .....</p> <p>Address .....</p> <p>Zipcode and city .....</p> <p>Phone number .....</p> <p>E-mail address .....</p>	<p>Yes/No</p>

<sup>1</sup> The permission expires three months after the care process has been closed because the regional manager will contact the school after this to request their experience about the collaboration with RIOzorg (and therefore not to evaluation the service between the care provider and the client).

<p>I hereby give / give permission to the regional managers who work at RIOzorg to contact the school by telephone and / or in writing (in the person of the internal counselor, teacher and / or remedial teacher) and to provide information about:</p> <ul style="list-style-type: none"> <li>▪ the phase of the care process;</li> <li>▪ the expected duration of treatment;</li> <li>▪ the date of completion of the care process.</li> </ul> <p><i>If you enter 'YES' for this question, RIOzorg is able to inquire information about the collaboration between the school and RIOzorg. In this way, we are able to optimize our services with the school. The regional manager do not discuss the client/your child with any person at the school. The regional manager will only start a conversation about the collaboration between the school and RIOzorg. That means no substantive information about the client / your child is shared with the regional manager.</i></p>	<p>Yes / No</p>
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You can withdraw your consent (in the future) at any time. This can be done in writing to your counselor / psychologist.

The custodial parent (s) / caregiver (s) and the client (12 years and older) hereby declare that they agree with the registration of the child or young person below at RIOzorg:

<sup>1</sup> The permission expires three months after the care process has been closed because the regional manager will contact the school after this to request their experience about the collaboration with RIOzorg (and therefore not to evaluation the service between the care provider and the client).

**Client**

Name .....

Date of birth .....

Birthplace .....

Signature client  
(12 years and older) .....

**Parent(s) / Caregiver(s) 1**

Name of parent / caregiver 1 .....

Signature parent / caregiver 1 .....

**Parent(s) / Caregiver(s) 2**

Name of parent / caregiver 2 .....

Signature parent / caregiver 2 .....

*Note: It is important that all persons with authority / guardianship agree. In case of parental authority by one parent you hereby also declare that you have the parental authority or guardianship only.*

**This informed consent given expires three months after the care process has been completed<sup>1</sup>**

<sup>1</sup> The permission expires three months after the care process has been closed because the regional manager will contact the school after this to request their experience about the collaboration with RIOzorg (and therefore not to evaluation the service between the care provider and the client).