Student Informed Consent for Mental Health Disability Documentation

Dear Student,

The attached documentation form for a mental health disability is used to gather information for the purposes of:

- Confirmation of formally diagnosed mental health disability either permanent or temporary.
- Evaluation of functional limitations in the university academic setting and determining appropriate accommodation and support.
- Obtaining additional information relevant to your mental health disability and providing accommodation and support.

The Paul Menton Centre at Carleton University will use the information provided to assist with determining appropriate academic accommodations and support services.

You are not required to disclose your mental health diagnosis in order to receive accommodation or support. Should you choose not to disclose the specific DSM diagnosis on the attached form, please inform your doctor prior to the completion of the documentation form. Please note, a diagnosis is used by a relevantly trained disability service professional in the Paul Menton Centre to infer and anticipate barriers and accommodation needs in academic setting, where relevant information is not otherwise available.

If the information on the documentation form is not sufficient to determine appropriate academic accommodations, you may be referred for an internal evaluation of functional limitations by a registered psychologist at Carleton University and/or asked to provide further information from your treating health professionals.

The information obtained on 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 the Paul Menton Centre, 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 documentation of mental health disability, please contact the Paul Menton Centre. Remember to bring this letter and the completed documentation form to your appointment at the Paul Menton Centre.

I confirm that I have read and understood the above information. I __________________ hereby authorize the physicians, health care practitioners, hospitals and other institutions involved in treatment or assessment of my current illness or disability, to disclose information regarding my current illness or disability to the Paul Menton Centre at Carleton University. Information to be disclosed will be limited to information that relates directly to and is necessary for achieving the purposes, as described above.

Name: _____________________________

Signature: ___________________________ Date: _________________
DOCUMENTATION OF MENTAL HEALTH DISABILITY

Student Name: ______________________________ Date of Birth: ____/____/____ (Year/Month/Day)

EVALUATION REQUIREMENTS

A. To be completed by an appropriate regulated mental health professional who has knowledge of the patient’s history and is licensed to diagnose and treat mental health disorders.

B. At the discretion of the PMC, documentation from other regulated mental health professionals may be accepted for the purpose of establishing temporary/interim disability services and accommodations.

C. All sections of the form must be completed fully and objectively to ensure accurate assessment of the student’s disability-related needs, which may have significant implications on access to support services and academic accommodations in university, or entitlement to a range of benefits including government funding.

D. Careful consideration should be given to the statement of disability and relevant functional limitations. Please note, the student is not required to provide the DSM diagnosis to receive accommodation and support. However, if diagnosis is not provided, functional limitations must be fully described and additional information may be requested in order to determine appropriate accommodation and support. If you are unable to provide such information, the student may be referred for internal assessment of functional limitations at the University by a registered psychologist.

Diagnostic Statement (see requirement D above):

State your DSM diagnosis for this student (to be provided only with student’s consent)

______________________________________________________________

Statement of Disability (see requirements C & D above):

In my professional opinion, I can confirm the student has a formally diagnosed mental health disability, as follows (place checkmark on the line to indicate):

_____ Permanent disability with ongoing symptoms:
  □ Chronic (ongoing symptoms for the duration of natural life)
  □ Acute (recurring episodes with relatively symptom-free periods of remission)

_____ Temporary disability with anticipated duration of _________________________

_____ I am unable at this time to confirm the presence of a mental health disability.
1. Date the diagnosis was first established, if known: ______________________

2. How long have you known this student: ______________________

3. Please evaluate the level of functional limitation specific to the university academic environment in the following areas. If unsure, please contact the Paul Menton Centre.

<table>
<thead>
<tr>
<th>Areas of functioning in academic environment:</th>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Don’t Know</th>
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</thead>
<tbody>
<tr>
<td>Attention and concentration</td>
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<td>Memory</td>
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<td>Cognitive processing of information</td>
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<td>Rational thinking and reasoning</td>
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<td>Social interactions</td>
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<td>Managing internal distractions</td>
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<td>Managing coursework in full-time studies</td>
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<td>Timely completion of tasks and meeting deadlines</td>
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<td>Regular participation and attendance</td>
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<td>Self-regulation in daily activities</td>
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<td>Stress management</td>
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<td>Limited functioning at certain times of day (please specify):</td>
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<td>Other (please specify):</td>
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4. Based on the functional limitations, can the student sustain full-time course load (4 or 5 courses per term)?

5. Do you consider this student to be in stable condition and capable of sustaining normal academic stress with appropriate supports?
6. While this student is enrolled at the University, will you be monitoring him/her on a regular basis?

   ____ Yes, every: __________________

   ____ No, this student will be followed by:

7. Please provide additional information that may assist us in determining appropriate accommodations and support services.
CERTIFICATE OF ASSESSING PROFESSIONAL

Please specify type of practitioner:

☐ Psychologist
☐ Psychiatrist
☐ General practitioner
☐ Other ______________________________

I hereby certify that I provided health care services to, ________________________________________, a student at Carleton University, on [date(s)], __________________________. I am providing the above information for use by the University in assessing what academic accommodation, if any, should be given to this student. I understand that I may be contacted by the University to verify this information, but will not be requested to provide further information without the consent of the student.

Name: ____________________________________________________________

Registration Number: ________________________________

Signature: ________________________________________________________

Date: ________________________________

Address: _________________________________________________________

Stamp: ___________________________________________________________

Telephone #: ________________________________

Fax #: ________________________________

The personal information requested on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 and the Personal Health Information Protection Act (PHIPA), 2004 SO 2004,c.3 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact the Privacy Office at phone: (613) 520-2600 ext. 2047, e-mail University_Privacy_Office@carleton.ca or mail: 607 Robertson Hall Carleton University 1125 Colonel By Drive, Ottawa Ontario K1S 5B6. Carleton University is fully compliant with FIPPA and PHIPA and endeavors at all times to treat your personal information in accordance with the law.