



CET File Review Consent for Staff and Individuals who Receive Service



_____ (service provider) is participating in a *Creating Excellence Together* certification survey. During the survey, two people called *surveyors* will be coming to visit with _____ (service provider) to see if they are meeting service delivery requirements. If you agree to have the surveyors look at your file to help with the survey, then please complete this consent form.

Yes, I agree that _____ (service provider) can show the surveyors my personal file to help them gather information for the certification survey. I understand that the information in my file will only be read by the surveyors and will not be taken from my file. I also understand that the surveyors will not tell anyone about the personal information in my file.

The surveyors can see my file within 12 months from the day I sign this consent.

Name of Individual

Signature

Witness

Signature

Date

Where applicable guardian consent must be obtained:

Guardian

Signature

Witness

Signature

Date