

Centre for Accessible Learning Notification of How Your Information Will Be Used

The Centre for Accessible Learning (CAL) collects medical documentation and other information pertaining to your functional limitations, your history of learning or personal circumstances for the following purposes:

- To verify the need for disability-related accommodations for academic work; and
- To develop and implement effective disability-related academic accommodations and supports.

Confidentiality

Personal information that you share with the CAL is considered confidential. CAL will collect and use this information only for the purposes of delivering services to you, unless otherwise required or permitted by law. Information may be shared with College staff, but only on a need to know basis for them to perform their duties and to provide academic or other disability-related accommodations. CAL will not release your specific disability or diagnostic-related information to anyone without your written and expressed consent.

Examples

- Academic accommodations and registration information will be shared with CAL staff at both Interurban and Lansdowne campuses if a student requests academic accommodations for their courses.
- CAL staff may communicate with your course instructor, academic program leader, Chair, Associate Dean, Dean or other College decision maker working in a role related to your courses or programs to arrange academic accommodations and supports.
- The name of students with a reduced course load as an academic accommodation may be shared with the Registrars Office for enrolment and academic pathway planning and to arrange bursaries or other recognition.
- The name of students with a priority enrolment status will be shared with the Registrars Office to facilitate registration dates.

Limits to Confidentiality

In some circumstances, it may be necessary for us to share your personal information without your consent. CAL may need to take appropriate protective action in some circumstances, such as:

- There is any indication of child abuse or neglect; or
- You threaten physical harm to yourself or another person; or
- For the purpose of complying with a legal order such as a subpoena, or if the disclosure is required by law.

Collection and use of Personal Information

Camosun College is subject to the Freedom of Information and Protection of Privacy Act and is committed to protecting the privacy of both our students and our employees. Camosun College seeks not only to meet the requirements of this Act, but to exceed those requirements by implementing “best practices” with respect to the collection, use and disclosure of personal information.

The information that is collected by Camosun College, and its personnel in the Centre for Accessible Learning, is collected under the authority of section 26(c) of the Act, and the British Columbia *Colleges and Institutes Act*. We use and disclose that information for the purposes of providing counselling and related services to you and for purposes authorized under the Act. For more information about Camosun College's personal information privacy practices, please review our privacy policy at [Protection of Privacy Policy O-6.1](#).

As a condition of registering with the CAL, you are required to give your consent to the exchange of information about your required academic accommodations with your instructors and appropriate staff of Camosun College (Section A below). Academic Accommodations are defined in the [Academic Accommodations for Students with Disabilities Policy E-2.11](#).

If you wish to give permission to CAL to release information to other individuals or institutions (i.e. your medical assessor or a parent or guardian), please complete Section B of this form as well.

This consent is considered valid for the duration of your study at Camosun College. You may withdraw or amend your consent at any time by notifying CAL in writing. It should be noted that any limits placed upon CAL with regard to notice of provision of academic accommodations may restrict Camosun College's ability to fully meet any and all accommodation requirements.

Your Name:

Your Camosun Student Number:

Your Phone Number:

Your Email:

A. REQUIRED: Consent for Release of Academic Accommodations Information

I give the Centre for Accessible Learning permission to release information on disability-related academic accommodations to appropriate instructors, academic and/or support staff and/or other student services at Camosun College. I understand that the College will make reasonable security arrangements to protect my personal information, and will only use and disclose my personal information in compliance with the [Protection of Privacy Policy O-6.1](#).

Your Signature:

Date:

B. OPTIONAL: Consent to Exchange Academic Accommodations Information to a third party

I give consent to my CAL Instructor to exchange documents and information and/or speak to relevant professionals or individuals regarding my situation and relating to the provision of my academic accommodations and disability-related services (please write name(s), contact info, and relationship to you):

I understand that the College will make reasonable security arrangements to protect my personal information, and will only use and disclose my personal information in compliance with the [Protection of Privacy Policy O-6.1](#).

Your Signature:

Date: