Client Consent for Data Collection and Release of Information

HOMELESS INDIVIDUALS AND FAMILIES INFORMATION SYSTEM (HIFIS)

As the designated Service Manager for provincial and federal housing and homelessness investments locally, the County of Dufferin administers funding to local community partners to ensure that emergency shelter and housing services are provided to eligible individuals and families in the community. The County of Dufferin and its community partners are dedicated to assisting individuals and families who are experiencing homelessness and housing instability. In order to deliver and review programs to ensure that the services are meeting the needs of community members, information about you as a service participant will be collected.

As a service participant in one of these funded programs, you may receive services from one or many partner agencies. As you receive services, personal information will be collected about your housing and support needs, the services that you receive, and the outcomes of those services.

To ensure that you access the supports that you need, it may be important for relevant information to be shared among the partner agencies. Only information related to obtaining and maintaining your housing will be collected and accessed by partner agencies. Names of the Partner Agencies are available from the County of Dufferin.

What is the purpose of this form?

By signing this form, you will give permission to have information about you and your dependents collected and shared with partner agencies within Dufferin County that help provide housing support and services.

What information will be collected and shared?

With your consent, any relevant information may be collected at intake and shared with partner agencies as needed. This may include your personal identifying information (such as name, date of birth, gender, phone number), as well as information about your dependents. Information about your experience with homelessness, household income, basic medical, mental health and substance use may also be collected and shared. Additional details such as your employment history, income, assessment results, and the services and benefits that you are eligible for may also be collected and shared.

It is important for you to understand that:

1. Your personal information will not be shared with any agency other than a Partner Agency unless
    i. required to do so by law
    ii. you are under 18 years old and may be at-risk for abuse or harm
    iii. you give specific consent

2. At any time, you can request a list of the personal information that has been collected about you, with whom it is being shared, and what it is being used for.

3. Information that is being collected may be entered into the Homeless Individuals and Families Information System (HIFIS) – a secure database hosted by the County of Dufferin. Approved partner agencies delivering housing and support programs have access to information in HIFIS.

4. To help support the continued investment into homelessness and housing programs, the County of Dufferin may share non-identifying, aggregate data in community reports as well as reports to the Province of Ontario and the Government of Canada. Identifying information about you will not be shared.

5. Providing consent for your information to be shared among partner agencies is voluntary. Refusing to do so will not limit your access to the housing services or supports that you are otherwise eligible to receive.

6. This consent form is valid for 2 years.

BY SIGNING THIS FORM:

- I give permission for my personal information to be entered into HIFIS.
- I understand that this information may be shared among partner agencies in Dufferin County where I receive services and supports.
- I understand that I have the right to receive an electronic or paper copy of all information shared between agencies if I request.
- I understand that I can cancel this authorization at any time by written request. If I remove my consent, any information collected up to the time of cancellation will remain hidden in the database.
- I understand that the County of Dufferin and partner agencies will keep my information private using strict privacy policies. I have the right to review their privacy policies.

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Name (Please print) _____ Date of Birth _____

Signature _____ Date _____

Verbal Consent

I, _____ declare that the above client has provided explicit consent to be added in HIFIS. They have been read the consent and agree to the above terms.

Workers Signature: _____ Date: _____

Personal information on this form is collected under the authority of the Department of Employment and Social Development Act and will be used to assist you with finding housing. Questions about this collection should be directed to the Housing Program Manager at 519-941-6991 x 2020.