System *of* Care
Système *de* soins

Information-Sharing with Other Service Providers – Consent Form

I, _____

Name of Client (printed) and Date of Birth (YYYY-MM-DD)

Select one of the following options:

- ☐ **Consenting:** I consent to the collection by and sharing of my personal health information to and among members of the Cochrane District System of Care, including through HIFIS, for the purpose of participating on the By-Name List. I understand that I am not required to provide this consent to receive a service.
  - ☐ I declare that I am the custodial parent(s) of the dependents listed below, who are under the age of 16. Any consent given herein also related to my dependents who are listed below.
- ☐ **Withdrawing Consent:** I understand that I have requested to withdraw consent to the future and ongoing sharing of my information. I understand that by withdrawing consent, my existing file will still be available to members of the Cochrane District System of Care.
- ☐ **Decline to participate** I do not agree to share my personal information between members of the Cochrane District System of Care, and I understand that I am limiting my eligibility to participate in some programs and services.

I understand that by signing this consent form, I am providing my informed consent to access the housing services offered. Informed consent means that I have been provided with clear and understandable information about the nature and purpose of these services, as well as any potential risks and benefits. I have had the opportunity to ask questions and seek clarifications.

I acknowledge that my participation is entirely voluntary, and I am under no obligation to proceed if I choose not to. I am aware that I can withdraw my consent at any time without facing any negative consequences.

By signing below, I confirm that I have the capacity to make this decision and that I am agreeing to participate as a client of the System of Care with a full understanding of what is involved. I acknowledge that I have read, or have read to me, this consent form and understand and agree with its contents.

Name of Client	
Signature of Client	
Date Signed (YYYY-MM-DD)	
Dependent names (please list all)	
Service Provider (Organization)	
Service Provider (Staff)	
Title	
Signature	
Date Signed (YYYY-MM-DD)	
Consent expires *(one year from date of signing)*	

The By-Name List Intake Coordinator will reach out to you within ten (10) business days. Please indicate the best method for them to reach you:

Phone number 1	
Phone number 2	
E-mail address 1	
E-mail address 2	
Facebook Messenger (Name)	
Instagram (Handle)	@
Other (please indicate)	

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Important Information About Providing Consent

HIFIS (Homeless Management Information System)

What does this consent form mean for me and my information?

In the Cochrane District, service providers that make up the Cochrane District System of Care work together to increase housing affordability, prevent homelessness, and end chronic homelessness. In their work, service providers may support the same person or family to help them find and keep a home. With your consent, and only as needed, service providers will share information with each other to provide you with better services.

What is the Homeless Individuals and Families Information System (HIFIS)?

HIFIS is an electronic database where a group of agencies can share your personal information to work together to help you find and/or maintain a place to live.

Who will use my information?

Agencies in our region within our coordinated access system will have access to your name and basic information about you. You may ask for more information about who would have access to your information at any time by calling the By-Name List Intake Coordinator.

Anonymous information will also be shared with the Government of Canada and the Province of Ontario for the purposes of research, evaluation, and administration related to housing and homelessness in Canada. This sharing will never include your name or any identifying information.

Information within the HIFIS database is secure and not shared or used for any other purpose without your consent, unless required by law.

The types of Community Service Providers who will have access to your information include:

- Street Outreach
- Emergency Shelter
- Drop-In Shelter
- Harm Reduction/Medical Services
- Rapid Housing Program
- Transitional Housing
- Coordinated Access System
- Other relevant programs/services

What if you do not consent to share your personal information?
Providing consent for your information to be shared is voluntary. Refusing to do so will not limit your access to emergency services like Street Outreach or Emergency Shelter, however, may limit some housing and service options available to you. For example, without consent your name cannot be added to the By-Name List, meaning you may not be prioritized for housing. Lack of participation on the By-Name List does not limit your access to services at the Cochrane District Social Services Administration Board, including the Housing Wait List or Ontario Works.

What if there is some information that I do not wish to share?
If you feel that some of your information is sensitive, or that sharing certain details could impact your safety or the safety of others, please discuss this with staff right away.

What if I change my mind about giving consent?
You can remove your consent to have your personal information contained in the electronic database at any time by speaking to staff or submitting a Withdrawal of Consent Form to Cochrane District Social Services Administration Board or one of the Community Service Providers. If you remove your consent, Community Service Providers will not enter any additional information and staff will still work with you to help find housing outside of the system. If you have additional questions about withdrawing your consent, please contact the BNL Intake Coordinator at bnl@cdssab.on.ca.

Information can be shared without your consent when:
- A person has experienced or may be at-risk of abuse or harm;
- A person is a direct threat to themselves or others;
- A court order requires information to be shared.

What is PHIPA?
The Personal Health Information Protection Act sets out rules for the collection, use and disclosure of personal health information. These rules will apply to all health information custodians operating within the province of Ontario and to individuals and organizations that receive personal health information from health information custodians. The rules recognize the unique character of personal health information – as one of the most sensitive types of personal information that is frequently shared for a variety of purposes, including care and treatment, health research, and managing our publicly funded health care system.
The legislation balances individuals' right to privacy with respect to their own personal health information with the legitimate needs of persons and organizations providing health care services to access and share this information. With limited exceptions, the legislation requires health information custodians to obtain consent before they collect, use, or disclose personal health information. In addition, individuals have the right to access and request correction of their own personal health information.

BY SIGNING THIS FORM:
- I understand that my information will be used for the purpose of accessing services to help me and/or my family find and keep a home. My information may also be used to inform future service improvements.
- I understand that my information will be recorded in the Homeless Individuals and Families Information System (HIFIS) secure database. HIFIS is used by service providers within the Cochrane District to document and share my information.
- I understand that I may withdraw or limit my consent at any time.