

## Appendix C1:

### INTEGRATED COORDINATED ACCESS PARTICIPANT CONSENT FORM

I, \_\_\_\_\_ date of birth \_\_\_\_\_  
*Name of Resident / Client (please print)* *DD / MM / YYYY*

understand that this agency is part of the City of Lethbridge shared HIFIS (Homeless Individuals and Families Information System). HIFIS is a system that uses computers to collect information about homelessness to help provide services to people who are experiencing homelessness.

#### I consent to:

- Sharing my information with all Integrated Coordinated Access participating agencies, and designated staff persons at such agencies, to collect the following information noted in Appendix C1(a) to support my journey towards housing and related social support stability. My information, if relevant, will be added to the Unique Identifier List (UIL). I understand that the City of Lethbridge hosts my HIFIS information, which may be accessed by participating agencies to manage my client file if I use other services in the future. These agencies will not share my information outside this network without my written consent, unless required by law.
- Sharing my information with you and your organization, and putting my information into HIFIS, but not to sharing this information with anyone else using HIFIS.

I am consenting on behalf of another person:  Yes  No

#### If you are giving consent for someone else, please tell us:

Name of the individual(s) you providing consent for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your authority to provide consent on their behalf?

*Please note, you may be required to show proof of your authority to act on the individual's behalf.*

- I am the personal representative for a deceased individual's estate.  
 I am a court-appointed guardian or trustee.  
 I am an agent acting under a Personal Directive.  
 I am an attorney with a Power of Attorney.  
 I am a guardian of a minor.  
 I have written authorization from the individual.

Information in this system may not be used to deny outreach, shelter, housing, or other social service assistance. My decision to sign or not sign this consent document will not be used to deny outreach, shelter, housing services or other assistance. I may revoke my consent at any time, in writing, and no new information will be shared. This consent will end one (1) year from **today**.

I have a right to see my HIFIS record, ask for changes, and to have a copy of my record from this agency upon written request.

Signed: \_\_\_\_\_  
*Signature / mark of resident*

Date: \_\_\_\_\_  
*DD / MM / YYYY*

- Resident / Client could not / would not sign form  
 Form contents and Collection Statement (below) read orally to Resident / Client.

Witness: \_\_\_\_\_  
*Signature of staff*

Date: \_\_\_\_\_  
*DD / MM / YYYY*

**Statement of Use**

Personal information that is collected will be used only for the purpose of providing social support and housing services, including the By- Name List administration; services will be delivered primarily by the Recipients. Where services need to be delivered by extended Recipients, information will only be disclosed to them with consent. Information will not be used for any other purpose, unless required by law, and will only be disclosed to external parties with the consent of the individual to whom it pertains.

**Authority**

Individually, the members derive their authority from the specific legislation that they operate under, or by virtue of being a program or activity of the governing organization in order to collect, use, as well as disclose, client information to other coordinated access agencies participating in HIFIS.

**Privacy Statement**

The personal information on this form is collected under the authority of Section 4(c) of the Protection of Privacy Act (POPA) and/or in accordance with any applicable agreements in place. All personal information collected during the registration process, during the client’s stay and for participation in any projects will be used to provide services and ensure a safe and secure environment of all our clients. Limited information may also be provided to the City and/or Funder for the purpose of carrying out projects, activities or policies under their administration (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. The personal information provided on this form may be input in automated systems to generate content and to make decisions, recommendations and predictions. If you have any questions, contact the Access and Privacy Coordinator via Lethbridge 311.

**Appendix C1(a)**

**Data Points Consented to Collect and Share**

My full name;	My veteran status, if applicable;
My date of birth;	My immigration status, if applicable;
My current sleeping arrangements and/or address;	My household status (single adult, dependents);
My contact information;	My employment status, history;
My Indigenous identity, if applicable;	My housing history, including services and programs accessed or applied for.
My racial identity;	Income status;
	Any additional information related to my housing status/needs.