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:

☐ **Explicit & Coordinated Access:**
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.

☐ **Explicit:**
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. 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.

☐ **Declined to Share:**
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 understand that the City of Lethbridge hosts my HIFIS information.

I am consenting on behalf of another person: 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: _____ Date: _____

Signature / mark of resident *DD / MM / YYYY*

☐ Resident / Client could not / would not sign form

☐ Form contents and Collection Statement (below) read orally to Resident / Client.

Witness: _____ Date: _____

Signature of staff *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.

Correction of Personal Information

Alberta's Protection of Privacy Act (POPA) provides a legal right for individuals to request a correction of personal information held by public bodies, like the City of Lethbridge. If an individual believes that their personal information, in the custody or control of the City of Lethbridge, contains an error or omission, they may request that the City of Lethbridge correct the personal information.

Requests for corrections of personal information can be made for factual information, not opinions about the individual. In accordance with POPA, the City of Lethbridge must not correct an opinion, including a professional or expert opinion. To request a correction to your personal information, please contact the City of Lethbridge Access & Privacy Office at apo@lethbridge.ca

Appendix C1(a)

Data Points Consented to Collect and Share

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