

# ***Homelessness Information Partnership Fredericton (HIPF)***

## ***Coordinated Access/HIFIS Client Consent Form***

I \_\_\_\_\_ understand that this agency is part of the Homelessness Information Partnership Fredericton, a group of agencies working together to reduce homelessness in Fredericton.

**By signing this form, I consent to my personal information being stored in a secure database called HIFIS (Homeless Individuals and Families Information System) AND to having my personal information, relevant to my housing situation, reviewed by members of the HIPF in order to connect me with housing or other related services.**

- I recognize that only authorized staff who have access to this database and who are serving me will be viewing my personal information.
- I acknowledge that the agencies in the community with which my personal information will be shared may change over time, and I have the right to see a current list of agencies involved if I so choose.

I UNDERSTAND THAT:

- If I choose not to sign this form, I am still eligible to receive services;
- I can change my mind and withdraw consent to share my information at any time by submitting a written request to this agency;
  - Note: If you do withdraw your consent, you understand that information already in HIFIS will remain in the system. No future information will be collected for the shared computer system and your information will not be accessible;
- I have a right to see a copy of my client record upon request;
  - Requests should be made via a letter of request to HIFIS@sjhdc.ca by the client and/or a supporting agency.
- I have been informed and understand that some non-identifiable information will be shared with the Government of Canada, purely for reporting or research purposes.

**Your signature (or mark) below indicates that you have read (or been read) all of the information provided above and agree.**

Client full name (please print): \_\_\_\_\_

DOB (YY/MM/DD): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check if Consent was given verbally

Witness (please print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Agency: \_\_\_\_\_