

## ***Homelessness Information Partnership of Greater Moncton (HIPGM)***

### ***Coordinated Access Confidentiality Statement***

*To be completed by **every representative** of **every agency** that will have access to Client Information.*

I, \_\_\_\_\_, of \_\_\_\_\_  
(Name) (Name of organization)

am aware that as a service provider/member/guest of the Homelessness Information Partnership of Greater Moncton (HIPGM) I will have access to confidential information for the purposes of assessing the appropriateness of applications for housing resources or support services dedicated or related to the Coordinated Access System in Moncton. I agree to maintain all personal information pertaining to clients in the strictest of confidence and will take all reasonable steps to protect the privacy of clients, abide by the Privacy Policies set forth by my organization, and the HIFIS Data Sharing Agreement where applicable with respect to access, storage and sharing of client information.

In particular, I will:

- Treat all client information as completely confidential, and only engage in discussion or review of such information as required in the course of my association with HIPGM or the performance of my professional duties;
- Not release, distribute, or otherwise provide access to such information to any person, agency, or organization without the required prior authorization of the client and/or the HIPGM;
- Not download, copy, forward, or share copies of lists or materials derived from the Coordinated Access List which I may receive via email;
- Ensure that Client Information is kept in a secure location at all times where the information can only be accessed by authorized personnel; and
- Equally, ensure that any information I am entrusted with remains confidential and secure at all times and shall be returned, deleted or destroyed as directed by HIPGM.

I acknowledge a responsibility to report any instances of unauthorized disclosure of Client Information or if a client's privacy has otherwise been breached. I further acknowledge my obligation to report any activity which is fraudulent, unethical, or criminal. I further understand that improper disclosure of Client Information will be cause for the HIPGM to recommend my removal from the Committee.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_