

Instructions

Consent only needs to be collected once per year within HIFIS, regardless of service provider using a participant's record. For example, Service Provider A may have documented consent in HIFIS, and that consent is relevant for Service Provider B, which does not need to collect consent again, unless consent has expired. However, additional consent may be required in accordance with the Protection of Privacy Act, SA 2024, c. P-28.5 ("POPA") if the purpose for which the consent was originally obtained is either significantly modified or changes.

This content must be provided to all service participants either via prominent display, verbal description or printed resource prior to entering data into HIFIS, if consent is not already active within HIFIS. A listing of the Housing Hub and HIFIS Service Providers outlined in Schedule A of the Community Data Sharing agreement, or as provided by the City must also be provided to all participants either by prominent display, verbal description or printed resource.

Staff must be able to counsel participants on their consent options if asked. Consent must be documented in HIFIS. Consent can be oral only or oral and written.

Staff must confirm child guardianship using appropriate methods when including children on consent forms and in HIFIS:

- 1. Legal Guardianship Documentation:** The most common method is to provide legal documentation proving guardianship, such as a court order or legal guardianship papers issued by the relevant authorities.
- 2. Birth Certificate:** In cases where legal guardianship documentation is not available, a birth certificate showing the guardian's name may suffice as evidence of guardianship.
- 3. Guardianship Designation Form:** Some organizations or agencies may have their own forms or processes for designating guardianship. This could involve filling out a specific form or providing written consent from the legal guardian.
- 4. Letter of Consent:** A letter written and signed by the legal guardian explicitly stating their consent for the minor to participate in referral programs or receive assistance can serve as confirmation of guardianship.
- 5. Verification by Authorities:** In some cases, the organization or agency providing the referral program may verify guardianship directly with relevant authorities, such as Child Welfare Services or the courts.
- 6. Affidavit of Guardianship:** An affidavit signed by the legal guardian and notarized by a legal authority can serve as confirmation of guardianship.

Unless otherwise requested, consent will be documented as "explicit" in HIFIS, which allows the data sharing functions within HIFIS to operate effectively. With explicit consent, all service providers working with a participant can view and work with a single participant file according to assigned user rights.

If explicit consent is not provided "anonymous declined" consent can be used. This form of consent may result in duplicates within HIFIS for a participant as it does not allow sharing beyond the service provider creating the record. Use this consent type only if necessary.

For Use and Disclosure of Personal Information in the Grande Prairie Homeless Individuals and Families Information System (HIFIS)

The Organization:

The City of Grande Prairie is part of a network of service providers that collect and share personal information using the Homeless Individuals and Families Information System (HIFIS) and offer coordinated supports to people experiencing homelessness. HIFIS is hosted by the City of Grande Prairie.

1. I understand I must give consent to the collection, use, and disclosure of my personal information in HIFIS, in accordance with the Protection of Privacy Act, SA 2024, c. P-28.5 ("POPA") as amended from time to time, in order to receive services from service providers involved in HIFIS and the Housing Hub.
2. I understand that if I do not provide consent to share my personal information, I may still be eligible for services; however, some information may not be available to service providers, which may affect timely or coordinated access to supports.
3. I understand that my personal information in HIFIS may be shared among service providers who use the system to deliver services and support coordinated access through the Housing Hub, including local organizations that provide housing, shelter, outreach, and related supports. I understand that these service providers will only access and use my information as needed to support my care and services. I also understand that relevant personal information may be disclosed to authorized representatives of the Province of Alberta where required for program administration, eligibility determination, monitoring and accountability, and for planning, evaluation, and authorized research purposes. Any collection, use, or disclosure of my personal information will be limited to what is necessary for these purposes and carried out in accordance with POPA and ATIA.
4. I understand that my consent may only be used for the specific purposes for which it is provided on this form.
5. I understand that I may need to give my consent again in the future to share information with service providers that are not part of HIFIS or the Housing Hub. I also understand that my consent will be valid for one year from the date it was provided by me.
6. I understand that I can withdraw consent at any time by contacting my service provider. Withdrawing consent will mean that no further information can be entered in HIFIS, but it will not remove information that has previously been entered into HIFIS.
7. I acknowledge that if I have further questions about the collection, use or disclosure of my personal information I can contact:

The Organization:

Phone Number or Email:

8. I have been provided with a listing of Housing Hub members and HIFIS service providers.

NOTE: unless otherwise requested, your consent type will be documented as "explicit and coordinated access" in HIFIS, which means that a portion of your information will be visible to other HIFIS service providers who are working with you.

If a written consent is provided use the following section for signature. If consent is oral, document in HIFIS only.

9. I understand that I have the right to:

- a) Request access to my personal information
- b) Request corrections to my personal information; and
- c) Make a complaint regarding how my information is handled, in accordance with ATIA and applicable policies.

By providing your personal information through HIFIS, you acknowledge and consent to the collection, use, storage, and disclosure of your personal information in accordance with POPIA and ATIA, and any other applicable legislation in force at the time. Your personal information will be collected, used, and disclosed only as necessary and for authorized purposes to provide services to you, support coordinated service delivery, and meet applicable program, legal, and accountability requirements, and will be safeguarded against unauthorized access, use, or disclosure.

If you have any questions about the collection, use, or disclosure of your personal information, you may contact the Research and Data Coordinator at HIFIS@cityofgp.com.

By signing this form, I acknowledge that I have read and understood the information provided above and consent to the collection, use, and disclosure of my personal information.

Consent Information	
Name:	
Signature:	
Date of Birth:	Date Effective as of:

Dependent Names and Date of Birth	
If providing inherited consent for dependents in HIFIS, please enter information:	
Dependant:	Date of Birth:
Dependant:	Date of Birth:
Dependant:	Date of Birth: