

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 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:

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 release of my personal information in HIFIS, as it is defined under the Freedom of Information and Protection of Privacy Act, RSA 2000, c. F-25 ("FOIP Act") as amended from time to time, in order to receive services from service providers involved in HIFIS and the Housing Hub.
2. If I do not give consent for my information to be shared, I understand that I may still be eligible for services, but key information may not be available to ensure efficient access to resources.
3. I understand that my information in HIFIS will be shared among service providers that use HIFIS to provide shelter, outreach, or housing services to me, or service providers that participate as part of the Housing Hub to provide coordinated access services to me. If I am accessing a provincially funded program, limited information may also be shared with the Province of Alberta, Seniors, Community and Social Services for the purpose of research and analysis to support activities, programs or policies under their administration.
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" 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.

By providing your personal information to us through HIFIS, you acknowledge and consent that your data will be collected, used, stored, and handled in accordance with the provisions of the Freedom of Information and Protection of Privacy, R.S.A. 2000, c. F-25 ("FOIP Act"), as amended, including but not limited to Bill 33 – The Protection of Privacy Act and Bill 34 – Access to Information Act, once enacted, or any other applicable privacy regulations in force at that time.

Your personal information will be used solely for the purpose of delivering services to you in line with relevant policies, procedures, and legislation. You have the right to access, request corrections to, and review decisions made based on your information, as permitted under the FOIP Act, subject to applicable exclusions.

We are committed to safeguarding your privacy and ensuring that your data remains confidential. By providing your consent, you confirm that you understand and agree to these terms. If you have any questions, please contact: Amalia Uliniuc, Research & Data Coordinator at HIFIS@cityofgp.com.

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

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: