



**Social Services Division**  
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## Lambton County Homelessness Prevention System Client Consent Form

**Service Provider:** \_\_\_\_\_

A Service Provider is an organization that is a provider of services related to the Homelessness Prevention System within The County of Lambton.

### Overview

The County of Lambton partners with local community agencies to ensure that emergency shelter and re-housing services are provided to eligible individuals and families in the community. The County of Lambton and its partner agencies are dedicated to assisting individuals and families who are experiencing homelessness and housing instability through the Homelessness Prevention System. The County of Lambton uses a Homelessness Management Information System (HMIS) to capture and process our community homelessness information. A centralized database referred to as HIFIS is used to collect, store and share client information to those enrolled in the Homelessness Prevention System. We will require our clients to provide consent in order to share personal information within our system, thereby allowing our clients to have full access to the programs and services they need and to have an overall better client experience.

### What is the Homeless Individuals and Families Information System - "HIFIS"?

- It is an electronic database, hosted by Lambton County that allows a group of partner agencies to collect and share information about individuals and families seeking housing supports and services within a coordinated access system.

### Who will have access to your information?

The Partner Agencies within the Lambton County Homelessness Prevention System who will have access to your information include:

- Canadian Mental Health Association (CMHA)
- The Corporation of the County of Lambton Social Services Division
- The Inn of the Good Shepherd
- North Lambton Community Health Centre
- Ontario Disability Support Program (ODSP)
- Sarnia-Lambton Native Friendship Centre
- Rebound
- Women's Interval Home

### What kind of personal information will be collected and shared?

The kinds of personal information that will be collected include:

- Name (First and Last)
- Gender
- Current Income
- Date of Birth
- Marital status
- Housing History
- Age
- Contact Information
- Employment Status

### What if you change your mind about your personal information being shared?

- You can remove your consent to have your personal information contained in the electronic database at any time by speaking to or submitting a *Withdrawal of Consent Form* to staff at The County of Lambton or one of the Community Service Providers.

**What if you don't consent to share your personal information in HIFIS?**

- You may not be eligible to participate in some programs and services.

**What are your rights with your data?**

- You have the right to see your HIFIS record(s), ask for changes, and to have a copy of your record(s) from this agency upon written request. You may revoke your consent in writing at any time.

The information you are providing is personal information and personal health information as defined. If you have any questions regarding the collection of this information, please contact Stephane Thiffeault, GM, Corporate Services, 789 Broadway St., Box 3000, Wyoming, ON, or at [stephane.thiffeault@county-lambton.on.ca](mailto:stephane.thiffeault@county-lambton.on.ca), or at 519-845-0809 ext. 5402.

<input type="checkbox"/> I agree to share my information with <b>ALL</b> Service Providers in the Homelessness Prevention System, so that I am eligible to participate in a wide range of programs and services.
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**Please list dependent(s) whose consent you are providing: (16 years and younger)**

Dependents' Name (First and Last)	Date of Birth (e.g., June 15/2010) / Age (Month DD/YYYY)

**Client (or Guardian) Information / Signature**

First and Last Name - <i>Print</i> : <i>Must be Filled</i>	Date of Birth (Month DD/YYYY) <i>Must be Filled</i>	Approx. Age
Preferred Name(s): [Alias1 Entry]		
First and Last Name - <i>Signature</i> :	Date Signed (Month DD/YYYY)	

**Verbal Consent ONLY – to be completed by the Service Provider**

Employee Name - <i>Print</i> :	Employee Name - <i>Signature</i> :
	Date Signed: (Month DD/YYYY)

<input type="checkbox"/> Client would like to share their data with this Service Provider ONLY.
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***This signed consent form must be uploaded to the client's information section in HIFIS before this client can receive services within the Homelessness Prevention System.***

*Should there be any questions regarding this form, please contact the HIFIS Support Team at [hifis@county-lambton.on.ca](mailto:hifis@county-lambton.on.ca)*