

Client Consent to the Disclosure of Personal Information to Receive Outreach Support Services¹

Nameⁱⁱ: _____

(Print name of Individual)

Required Informationⁱⁱⁱ: _____
(Date of Birth) (Client ETO Number)

I hereby authorize^{iv} _____
(Name of Organization)

to use and disclose my individually identifying personal information¹ from my client file to and between the service providers as specified below:^v

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

I understand the reasons for the sharing and use of the information as described below, that my consent is voluntary, and that failure to provide consent will not result in any adverse decision about my rights, benefits or services, other than limiting the ability of the organizations to work together on my behalf.^{vi}

I also understand why I have been asked to disclose my individually identifying health information, and have been informed of the risks or benefits of consenting, or refusing to consent, to such disclosure. I further understand that I may revoke this consent at any time.^{vii}

Dated and effective as of _____ of _____, _____^{viii}
(day) (month) (year)

Signature of Client^{ix}

Print Client's Full Name

Signature of Witness^x

Print Witness's Full Name

Statement of Use:^{xi}

Personal information that is collected will be used only for the purpose of providing counseling and intervention services. Services will be delivered primarily by the service providers. Where services need to be delivered by extended service providers, information will only be disclosed to them with consent. Information will not be used for any other purpose, unless required by law, and will only be disclosed to external parties with the consent of the individual to whom it pertains.

Authority:^{xii}

Individually, the members derive their authority from the specific legislation that they operate under, or by virtue of being a program or activity of the governing organization in order to collect, use as well as to disclose client information to other integrated service providers on a need to know basis.²

This consent will expire one (1) year after the client has ceased receiving services under this program.^{xiii}

¹ Personal information is as defined under the *Freedom of Information and Protection of Privacy Act* and includes information such as address, telephone number, date of birth, gender, criminal history, and medical history.

² For details on individual authorities, please request it from the organization's representative, or from the case-manager.

How to use this form:

ⁱ This form is to be used as a method of obtaining consent to use and disclose personal client information in and between service providers. When information is not collected directly from a client, and is instead shared between organizations, this is considered “indirect collection of information”. Indirect collection can only take place in limited circumstances as outlined by *the Freedom of Information and Protection of Privacy Act (the “FOIP”)*. In these cases, where information is being collected on a regular basis, the best method is to have client consent to release and share the information on a regular basis.

This form should be printed on official organization letterhead.

ⁱⁱ Add full name of client.

ⁱⁱⁱ Add date of birth and client number found in the ETO (Efforts to Outcomes) program. These are needed to ensure that the client file matches the consent form (identification verification).

^{iv} Name of organization doing the referral(s).

^v List all the Outreach Support Services providers that the client is being referred to and will be working with. Form will require updated signatures if new service providers are added to the client’s program (that were not originally consented to).

^{vi} Service will not be denied to the client if they refuse to consent. The case manager will be required to explain to the client that their information will not be shared, but that the ability to provide efficient services will be hindered, and that the client will be required to have their information collected directly at each point of service.

^{vii} Case manager will be required to explain that the client’s personal health information may be disclosed as part of this consent, but that it will be protected at all times.

^{viii} Date the consent on the day the client actually signs the form.

^{ix} Client signature

^x Witness signature

^{xi} Read (and explain) to the client the Statement of Use. This is to inform that the information is only going to be used for their participation in the program, and that any unauthorized use is against the law.

^{xii} Different service providers fall under various pieces of privacy legislation. All service providers are expected to know the requirements of access and privacy they must follow.

^{xiii} The consent form must expire one (1) year after the client leaves the program. Consent must never be indefinite.