



Client Consent for Data Collection and Release of Information

As the designated Service Manager for provincial and federal housing and homelessness investments locally, the District of Timiskaming Social Services Administration Board administers funding to local community partners to ensure that housing services are provided to eligible individuals and families in the community. The DTSSAB and its community partners are dedicated to assisting individuals and families who are experiencing homelessness and housing instability. In order to deliver and review programs to ensure that the services are meeting the needs of community members, information about you as a service participant will be collected.

As a service participant in one of these funded programs, you may receive services from one or many partner agencies. As you receive services, personal information will be collected about your housing and support needs, the services that you receive, and the outcome of those services.

To ensure that you access the supports that you need, it may be important for relevant information to be shared among partner agencies. Only information related to obtaining and maintaining your housing will be collected and accessed by partner agencies. Names of the Partner Agencies are listed below.



What is the purpose of this form?

By signing this form, you will give permission to have information about you and your dependents collected and shared with partner agencies within the District of Timiskaming that help provide housing support and services.

What information will be collected and shared?

With your consent, any relevant information may be collected at intake and shared with partner agencies as needed. This may include your personal identification (such as name, date of birth, gender, phone number), as well as information about your dependents. Information about your experience with homelessness, household income, basic medical, mental health and substance use may also be collected and shared. Additional details such as your employment history, income, assessment results, and the services and benefits that you are eligible for may also be collected and shared.

It is important for you to understand that:

1. Your information and other identifying information will not be shared with any agency other than a Partner Agency unless
 - I. Required to do so by law.
 - II. You are under 18 years old and may be at-risk for abuse or harm.
 - III. You give specific consent.
2. At any time, you can request a list of the personal information that has been collected about you, with whom it is being shared, and what it is being used for.

3. Information that is being collected may be entered into the DTSSAB's By-Name-List – a secure database hosted by the District of Timiskaming Social Services Administration Board. Approved partner agencies delivering housing and support programs have access to the information.
 4. To help support the continued investment into homelessness and housing programs, the DTSSAB may share non-identifying, aggregate data in community reports as well as reports to the province of Ontario and the Government of Canada. Identifying information about you will not be shared.
 5. Providing consent for your information to be shared among partner agencies is voluntary. Refusing to do so will not limit your access to the housing services and supports that you are otherwise eligible to receive.
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BY SIGNING THIS FORM:

- I give permission for my personal information to be entered into the DTSSAB's By-Name-List database.
- I understand that this information may be shared among partner agencies in the district of Timiskaming where I receive services and supports.
- I understand that I have the right to receive an electronic or paper copy of all information shared between agencies if I request.
- I understand that I can cancel this authorization at any time by written request. If I remove my consent, any information collected up to the time of cancellation will remain hidden in the database and only my name will be accessible to the partner agencies.
- I understand that the DTSSAB and partner agencies will keep my information private using strict privacy policies. I have the right to review their privacy policies.

Client Consent for Data Collected and Release of Information
Name (Please print) _____
Date of Birth _____
Signature _____
Date _____
Witness (Agency Employee) _____
Agency Name _____
Date _____

Personal information contained in this form or attachment is collected by the District of Timiskaming Social Services Administration Board pursuant to the Freedom of Information and Protection of Privacy Act and the Municipal Freedom of Information and Protection of Privacy Act.

*Questions or concerns about the collection, use, or disclosure of personal information should be directed to the Chief Privacy Officer at The District of Timiskaming Social Services Administration Board,
PO Box 310, 29 Duncan Ave N, Kirkland Lake ON P2N 3H7,
by telephone at 705-567-9366, by fax at 705-567-9492 or by email at stewartm@dtssab.com*