

Case Conference Release of Information (ROI) Form
Authorization to Share Personal Information in the
CALGARY HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

The use of the Calgary HMIS to manage client information is subject to the protection of personal information provisions of the Freedom of Information and Protection of Privacy (FOIP) Act. A copy of the Calgary HMIS Privacy Policy and further reading describing the HMIS privacy practices is available upon client request.

Client Name (Print)

Date of Birth

Dependent children, if any (first and last names and dates of birth) who are receiving services and for whom the parent is providing consent:

I UNDERSTAND THAT:

- My housing strategist has requested a case conference on my behalf and that the purpose of a case conference is to generate a potential housing plan for me. (Please initial) _____
- Attendees of case conferences might include, but are not limited to, current community supports, housing programs I have worked with in the past, potential housing programs that could receive a referral and other natural supports who are part of my housing plan. (Please initial) _____
- My consent to share information 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.
- I have been asked to disclose my individually identifying program 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, in writing, and no new information will be shared.
- I may consent to the sharing of personal information on behalf of minor children for whom I have legal guardianship, or for other persons for whom I am a legal representative.
- I may ask for my record to be inactivated at any time whereby it will no longer be visible to participating agencies.
- I have a right to see a current list of HMIS Participating Agencies. I understand that additional agencies may join the Calgary HMIS at any time, but these agencies will not have access to my information unless I agree to disclose information to them.
- The opportunity has been provided to see the list of agencies participating in Placement Committee, and I understand I have the right to request this list at any time: <https://agencies.calgaryhomeless.com/wp-content/uploads/CAA-Community-Partners.pdf>
- This consent to share information will end in 3 years.

☐ I do consent to the use and disclosure of my personal information for the participation in the Calgary HMIS.

Dated and effective as of _____ (Day/Month/Year)

Signature of Client

Print Client's Full Name

Signature of Witness

Print Witness's Full Name

I hereby authorize:

Insert your agency/program name (print or type)

to use and disclose my individually identifying personal information from my client file to and between the service providers below:

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

Check the information you wish to share:

- ☑ Share everything with Agency(s) listed above
- ☑ Client Record (Name, Alias) *[if not shared, other items cannot be shared]*
- ☑ Client Demographics (Date of Birth, Gender, Ethnicity)
- ☑ Universal Data Elements (Postal Code, Neighborhood, Immigration/Citizenship, Primary Residence Prior to Program Entry, Disabling Condition)
- ☑ Program entry/exit dates
- ☑ Case Manager Details
- ☑ Case Plans: Notes, Goals, Action Steps
- ☑ Program Assessments

FOIP DISCLAIMER

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy ACT (the 'FOIP') and/or in accordance with any applicable agreements in place. All personal information collected during the registration process, during the course of the client's stay, and for participation in any programs will be used to provide services and ensure a safe and secure environment for all our clients. It will be treated in accordance with the privacy provision of Part 2 of the FOIP. Limited information may also be provided to the Minister of Human Services for the purpose of carrying out programs, activities or policies under his administration (e.g. research, statistical analysis) or for receiving provincial and/or federal funding. If you have any additional questions or concerns, please contact the Agency Administrator.

Statement of Use:

The Calgary Homeless Management Information System (HMIS) is a web based, electronic client management information system providing a standardized assessment of client needs, individualized service plans and service records. The Calgary community utilizes the HMIS to understand the nature of homelessness, develop policies and initiatives to address homelessness, and coordinate case management services. The HMIS is managed by the Calgary Homeless Foundation (CHF).

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:

FOIP s.33(c), the personal information is being collected on behalf of Alberta Housing and Urban Affairs or another FOIP public body, and it is necessary for the operation of homeless programs being delivered on behalf of those public bodies. This consent to share information will expire 3 years from the date of signing.