

Coordinated Outreach

Release of Information Participant Consent Form

Coordinated Outreach is a collaborative of outreach programs serving people experiencing homelessness who are sheltered and unsheltered.

As a Participant of the Coordinated Outreach, your personal information is stored in Calgary's Homeless Management Information System (HMIS). This form allows that information to be shared between programs who are a part of the Coordinated Outreach. By sharing information, it will help provide services that fit your needs.

Statement of Use:

Information collected through the HMIS will be used by Coordinated Outreach to assist the participant in various services. HMIS information will be electronically visible to any outreach program that is part of the Coordinated Outreach. All information collected through the HMIS, will not be used for any other purpose or disclosed to any parties outside of Coordinated Outreach except where required by law or as consented to by the Participant.

Participant Name (please print)

Date of Birth (MM/DD/YYYY)

- **I understand** that my consent to share information is voluntary.
- **I understand** that I have been asked to permit the sharing of my personal information with the Coordinated Outreach, and that I have been informed of the benefits of consenting to, and the disadvantages of refusing to consent to, such sharing. I further understand that I can, at any time, either in writing or verbally to an outreach worker part of Coordinated Outreach, withdraw this consent and that my information will no longer be shared.
- **I understand** that I have the ability to 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 legal representative.
- **I understand** that this consent will be valid for a period of three (3) years from the date of signing, or until I have withdrawn my consent, whichever comes first.
- **I have had the opportunity** to see/hear the list of agencies participating in the Coordinated Outreach, and I am aware that the list of partners is expected to increase over time. To see updated list of agencies taking part in the Coordinated Outreach please go to [this link](#) or ask one of the Coordinated Outreach programs.

Participant Signature

Effective Date (MM/DD/YYYY)

Additional Signature (if required)

Effective Date (MM/DD/YYYY)

Due to extraordinary circumstances, verbal consent was obtained by _____
(Please print name)

Witness Statement: I have reviewed the types of information shared, and the nature and composition of the Outreach Collective with the Participant. I believe that the person signing this form understands what is involved in the Outreach Collective and voluntarily consents to the use of personal information as described herein.

Witness Name (please print)

Witness Signature

Disclaimer:

This personal information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP). All personal information collected during the registration process, the course of stay and participation in any program will be used to ensure a safe and secure environment of all our clients. All personal information stored in the HMIS is protected and treated in accordance with the provisions of Part 2 of FOIP. If you have any questions or concerns regarding the collection, use or disclosure of your information, please contact the Calgary Homeless Foundation HMIS Team at (403)718-8545.