

## London Homeless Prevention Network

### Consent to Share Personal & Health Information and Give Permission to Allow the London Homeless Prevention Network to Work Together to Solve Your Homelessness

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#### **Who we are**

The London Homeless Prevention Network is a group of organizations working together to help individuals and families end their experience of homelessness. The Network at the moment includes:

- Mission Services of London
- London Cares
- The City of London
- Youth Opportunities Unlimited
- Atlohsa Family Healing Services
- The Salvation Army Centre of Hope
- St. Leonard's Community Services
- Street Level Women at Risk
- Unity Project for the Relief of Homelessness
- CMHA Middlesex
- London & Middlesex Community Housing

The organizations of the London Homeless Prevention Network may change from time to time. You can get an updated list of members at any time by contacting and asking any one of the organizations.

The organizations of the London Homeless Prevention Network are using a shared computer system called HIFIS. HIFIS allows each organization of the Network to access and share your personal and health information, with your permission, with each other. The computer system in which your personal and health information is stored is secure.

By sharing information in this way, the Network can provide better services and supports to you. The information also helps to better understand homelessness in the City of London, so that policies and programs can be improved.

#### **What we collect**

Organizations of the Network may collect personal and health information including your name, age, gender identification, income, health status and housing history.

#### **What we do with your information**

- Your personal and health information will be shared on the computer system with other organizations of the Network.
- Your personal and health information will be used by the organizations of the Network to provide you with services and supports.

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- The Network will also use your personal and health information for statistical and research purposes, but that information will be provided only on a collective and anonymous basis so that it will not indicate that it is about you personally. Your name will not be shared. This collective and anonymous information might also be provided to the City of London, the Government of Canada, and the Province of Ontario to support policy analysis, research, and evaluation of existing policies and programs respecting homelessness.

#### **What we won't do with your information**

- Your personal and health information will not be used for any purpose other than for providing services to you and to support research and policy work regarding homelessness.
- The organizations in the Network will not release your information without your consent to anyone else except for the purpose set out above and unless there is a legal requirement to do so, or a serious concern about your safety or the safety of others.

The organizations in the Network will try to contact you to renew this consent one year from when you provide it.

You can change your mind and withdraw your consent to share your information to organizations in the Network at any time by contacting any organization of the Network. If you do withdraw your consent, you understand that information already in the system will remain in the system, but no future information will be collected for the shared computer system. You can, at any time sign a new consent agreement with any one of the organizations of the Network.

If you have a complaint or question, you understand that you may contact the Manager, Homeless Prevention, Citi Plaza, 355 Wellington Street, Suite 248, P.O. Box 5045, London ON N6A 4L6 - Email: [homelessprevention@london.ca](mailto:homelessprevention@london.ca).

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**Date:** \_\_\_\_\_ **Place of signing:** \_\_\_\_\_  
*Agency/Institution/Organization*

**Regarding the personal and health information of:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
*Participant*

I \_\_\_\_\_ allow my personal and health information  
*(Name of participant or substitute decision maker)*

(or in the case of a substitute decision maker, the name of the individual named above)  
to be exchanged among organizations in the London HMIS Network for the reasons  
stated above.

Signed: \_\_\_\_\_ **Staff Name / Witnessed by:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

\_\_\_\_\_  
**Date**

