

Coordinated Access & Assessment (CAA)
Release of Information Participant Consent Form

Coordinated Access & Assessment is a collaborative approach to identifying program and service opportunities that best suit the current needs of individuals and families who are experiencing homelessness.

As a Participant in Coordinated Access and Assessment, some of your personal information is stored in Calgary's Homeless Management Information System (HMIS). This form allows that information to be shared at Placement Committee meetings to determine if there is a Housing First program available which best fits your needs.

Statement of Use:

Information collected through the HMIS will be used at Placement Committee meetings to help determine program suitability and assist with the transfer of the Participant between programs and/or agencies. HMIS information will be transferred electronically to any agency and/or program that the Participant enters into as a result of Placement Committee meetings. All information that is shared at Placement Committee meetings, including information collected through the HMIS, will not be used for any other purpose or disclosed to any parties outside of the Placement Committee 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 and that failure to provide consent will result in limiting the ability of organizations to work collaboratively on my behalf.
- **I understand** that I have been asked to permit the sharing of my personal information with the Participating Agencies and Partners, and that I have been informed of the main 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 my case manager, withdraw this consent and that I will no longer be discussed, nor will my information be shared at Placement Committee meetings. Withdrawing of my consent also removes me from all opportunities provided by Placement Committee meetings.
- **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understand** that this consent will be valid for a period of three (3) years from the date of signing, or until I have withdrawn my consent, whichever comes first.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 the list of agencies participating in Placement Committee, and I understand that I may request this list at any time, and that it is available at: <https://agencies.calgaryhomeless.com/wp-content/uploads/2021/08/CAA-Community-Partners-03-10-2021.pdf>
- **I DO NOT wish to be housed with the following Agencies:** _____

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 CAA placement tables with the Participant. I believe that the person signing this form understands what is involved in the CAA program 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.