



ST. JOHN'S COORDINATED ACCESS PARTICIPANT FORM

CONSENT TO COLLECTION AND DISCLOSURE OF PERSONAL INFORMATION

Name: _____ Date of Birth: _____

Statement of Use

(Read and explain to the participant the Statement of Use. This is to inform that the information is only going to be used to inform service coordination and program matching, and that any unauthorized use is against the law.)

Personal information that is collected through Coordinated Access and the Vulnerability Assessment Tool (VAT) process, if required, shall be used only for the purpose of determining if Coordinated Access is an appropriate system response, providing housing and/or support services, and the coordination of those services between organizations. Information shall not be used for any other purpose, unless required by law. EHSJ shall establish and maintain a unified program record and/or a common database for the purpose of planning and providing services. Non-identifying information from this record and/or database may be used to help evaluate the effectiveness of the services offered by the agencies.

I understand the reasons for the sharing and use of the information as described in the **Statement of Use**, that my consent is voluntary, and that failure to provide consent shall 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 also understand that my information will only be shared with partners of Coordinated Access, unless sharing with other parties is required by law. For example, persons are required by law to report in the following circumstances:

1. If they hear and believe that I am, or a family member is, in danger of hurting myself or someone else;
2. If there is reasonable suspicion that a child, dependent adult, and/or elderly adult has been abused;
3. If I have made a threat to harm an identified victim; or
4. For public health or for public safety.

I also understand why I have been asked to disclose my personal 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.

ATIPPA 2015 Notification

This personal information is being collected under the authority the *Access to Information and Protection of Privacy Act (ATIPPA, 2015)*.

All personal information collected during the Coordinated Access and VAT process, including scoring, score justification and written narrative, shall be used to coordinate the provision of services and shall be treated in accordance with the with the provisions of ATIPPA, 2015.

I hereby authorize _____ (name of organization):

To use, disclose and discuss my individually identifying personal information, in the form of my Coordinated Access Pre-Screener, Vulnerability Assessment Tool (VAT) scoring and brief write-up, and other collateral information related to my housing needs, between:

_____ End Homelessness St. John's (EHSJ) (including Front Step and HPRR case management programs), their partners as listed below, and other organizations as requested:

_____ Pre-Screener source (optional) – please specify: _____

_____ Other collateral contacts (optional) – please specify: _____

I consent to all partners of the CA process **excluding** (initial next to those you do not want to have your information disclosed to):

_____ AIDS Committee of Newfoundland and Labrador (ACNL)

_____ Choices for Youth

_____ Iris Kirby House

_____ John Howard Society of Newfoundland and Labrador

_____ Navigators and Networks (NAVNET)

_____ Newfoundland and Labrador Housing Corporation (NL Housing)

_____ First Light St. John's Friendship Centre

_____ St. John's Women's Centre

_____ Salvation Army – New Hope Community Centre

_____ Salvation Army – Wiseman Centre

_____ Stella's Circle

_____ The Gathering Place

_____ Thrive

THIS CONSENT SHALL EXPIRE ONE (1) YEAR AFTER THE INITIAL VAT IS CONDUCTED.

Participant's Full Name (please print)

Witness's Full Name (please print)

Signature of Participant

Signature of Witness

Dated and effective as of: _____

If you have any questions, please contact:
Justin Mahon, Coordinated Access Support Worker, 709-699-1316, jmahon@stjohns.ca

VAT Assessors: Please submit this Consent Form and the CA Pre-Screener within 24 hours to:
ca-ehsj@stjohns.ca