



Everyone needs a home

Administrative Office
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HFS Release of Information Consent Form

Homes First Society considers your personal privacy to be of the greatest importance. In order to protect your privacy, we will only share personal information with an outside organization or individual with your permission.

To help us improve our ability to meet your needs, we ask for your permission to disclose information to organizations and individuals who perform certain tasks on your behalf, and who agree to protect your privacy and maintain confidentiality.

I _____ hereby give permission to _____
to release information to Homes First Society, and for Homes First Society to release
information to _____ for the following purpose(s):

- | | | |
|--|------------------------------|-----------------------------|
| Medical/mental health purposes: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Income/identification: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| The purpose of finding housing: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| The purpose of helping me acquire life skills: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Other (please specify): | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

I have reviewed the above summary relating to the collection, use, and disclosure of my personal information. I have had an opportunity to have my questions answered regarding the collection, use, and disclosure of my personal information. I hereby authorize the collection, use, and disclosure within Homes First Society and to other service providers on a “need to know basis”. I understand and acknowledge that, in addition to the foregoing, Homes First Society will also collect, use, and disclose my personal information as required or permitted by law. If services cannot be provided if the consent is withdrawn, the individual cannot withdraw consent unless he or she withdraws from the service in part or in whole as required.

Client Name

Client Signature

Date

Witness Name

Witness Signature

Date