



UNIVERSAL CONSENT

CLIENT DISCLOSURE FORM: FOR THE COLLECTION, USE AND DISCLOSURE OF PERSONAL HEALTH INFORMATION

The United Native Friendship Centre will collect, use, and disclose information about you for the following purposes:

- To enable us to contact you
- To establish and maintain communications and contact with you
- To provide necessary services to you in a variety of areas; office visits, home visits, accompany you on appointments, meetings, conferences, court appearances, hospitals, treatment centers, healing lodges and others as identified
- To develop plans of care and practice appropriate case management of your file
- To provide specific information into a data collection system specific to the program(s) which may include information on: age, sex, education, residency, number of children, Aboriginal status, adoption, residential school, health and others as identified
- Program reporting requirements, some of which are sent electronically to the OFIFC, covered under Personal Health Information Protection Act (PHIPA).

Personal Health Information Protection Act (PHIPA)

Under the new Personal Health Information Protection Act (PHIPA) it is important for you to understand how your personal health information is protected and how it is used.

All workers at the Centre are aware of the sensitive nature of your health information and have received training the Acts and are sworn to an Oath of Confidentiality. If you are concerned about how your personal health information is collected, used, or disclosed, you may file a complaint against the Centre or individual, through the Information and Privacy Commissioner of Ontario.

At the United Native Friendship Centre, an assigned Intake Worker or designated Program Worker will collect your information. From time to time you may be accessing more than one program or service. This consent form will serve for all Friendship Centre programs you are currently accessing, one program designated as your primary care provider. Your original consent will be kept in that program file.

Along with this consent form, we have attached an outline of how our Centre will ensure that:

- Only necessary information is collected about you
- Your information is only shared with written consent
- The storage, retention, and destruction of your personal health information complies with our file maintenance policy, legislation and privacy protection protocols

Note: From time to time this information may be used to do studies/research/reports on issues specific to the health of urban Aboriginal peoples and for the purpose of procuring additional funding. At *no time* will any identifiable information be processed for such use.

By signing the consent section of the Client Consent Form you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal and health information for the purposes listed. Should a new purpose arise, we shall seek your approval first.

You may withdraw your consent at any time for the collection, use, or disclosure of your personal health information by providing notice to the health information custodian, Friendship Centre, and/or Executive Director for use or disclosure of your personal health information to another health care custodian.

You also can place a condition or restriction on your consent, in that you may choose to restrict all or part of your health information from being shared with another custodian. This is called "lock box." However, a custodian is permitted to disclose information if for the purpose of eliminating or reducing significant risk of serious bodily harm to an individual or group of persons.

You also have the right to access your own personal health information through a written request to the health information custodian, Friendship Centre, and/or Executive Director.

You may also request corrections to be made on your own personal health information with proper documentation.

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1. I have reviewed the preceding information and had it explained to me and/or the person who is my legal guardian; or has my power of attorney, where necessary, on how the United Native Friendship Centre will use my personal information and personal health information.
2. I am also aware of the steps taken by the Centre to protect my information when it is collected, used, or disclosed as well as how it will be stored and destroyed.
3. I am the parent or guardian of a child or children under the age of 18 listed below and do hereby give consent on how their information will be collected, used, or disclosed, as well as how it will be stored and destroyed.

Name of Child/Children

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4. I agree that the United Native Friendship Centre can collect, use, and disclose personal and personal health information about myself, or for _____ as their legal guardian; or I have power of attorney for their health; or they are my child/children as set out in the above information.

Signature

Print Name

Please circle which applies

Client / Parent / Legal Guardian / Power of Attorney

Date

Signature of Witness

(Strike out paragraph 3 if the person is not giving consent for their child/children.)



RELEASE OF INFORMATION
(Internal/External)

I _____ give my permission to _____
(client/guardian) (worker)

of the United Native Friendship Centre to release specific information to

_____ of _____
(worker) (agency)

RE: _____ DOB: _____

Specific Information to be Released:

Reason for needing above information:

Signature of client

Date

Witness/Worker

Date

The above release of information permission will be valid for six (6) months from the above date.