

Supportive Housing Applicant Information



Applicant Name _____

Address _____

Phone Number _____ Cell Number _____

Email _____ Alternative Number _____

Diagnosis

Current Service Providers (please circle all providers you are involved with)

St. Elizabeth

CBI

LHIN

CMHA

4 Counties Brain injury

Spinal Cord Canada

Adult Protective Services

Public Guardian & Trustee

Other (describe)

What do you think you need help with

Consent for the Collection, Use, Disclosure of Personal/Health Information



Client Name _____ Health Record Number _____

Substitute Decision-Maker if applicable _____

Relationship of Substitute Decision Maker _____

(Parent, Guardian/Power of Attorney/Authorized Designate representing the client)

As a client of KPP, you understand that the City of Peterborough (the "City") and KPP will collect, use, store and disclose personal/health information for the purpose of meeting your care requirements and will make every effort to ensure that your information remains accurate, confidential and secure in accordance with applicable law. Housing Access Peterborough (HAP) is a service provided by the City and is included in this Consent Agreement.

This information will be shared between the City and KPP and, as necessary, with other members of your KPP health care team. In addition, KPP may share your information with the Central East Local Health Integration Network and Assistive Devices Program (ADP) to access funds to assist with your needs and for the purpose of reporting and with the City where access is requested for housing units. In all cases, where information is shared, it is limited to the information that is required for the purpose for which it was provided.

Your information will be shared in a secure and confidential way, to enable your health care team to collaborate and provide you with the appropriate services based on your requirements and level of care.

All personal health information provided by you is handled in accordance with the KPP Personal Health Information Protection Policy, as amended from time to time (attached) and applicable law.

I have read and understand the above information and have had an opportunity to ask questions. I authorize the collection, use and disclosure of my personal/health information by KPP and the City for the purpose of providing care/service. I also understand that I can make a change or revise this consent or withdraw my consent at any time by notifying KPP. I understand that if I withdraw my consent KPP may not be able to continue to provide services depending on the circumstances.

Limitations on disclosure: _____

Any disclosure limitations and/or permissions need to be communicated to the office to be recorded in the client's file

I also give permission for the disclosure of personal health information to the following:

Name/Organization	Relationship	Phone
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Name/Organization	Relationship	Phone
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Name/Organization	Relationship	Phone
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Client/Parent/Guardian/POA/Authorized Designate	Date
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Employee Signature and Title	Date
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If you have any questions or concerns about your privacy or the privacy practices of KPP, please contact the **Privacy Officer** at 705-745-6440 ext. 2239

Personal information contained on this form is collected under the authority of the Housing Services Act, 2011 and subject to the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), 1991 and the Personal Health Information Protection Act (PHIPA), 2004. The information will be used only for the purposes of determining an applicant's eligibility for an accessible unit. In applying for rent-geared-to-income housing and/or the applicant's request for an accessible unit, the applicant consents to the collection, use and disclosure, including verification, of the information provided to Housing Access Peterborough in their application or supporting documents.