



Homeless Individuals and Families Information System (HIFIS) Withdrawal of Consent Form

Please complete sections A - D (C is only required if consent has been provided for dependents).

| A. HIFIS Client Information | |
|--|------------------------------|
| First Name | Last Name |
| Contact Information (phone and/or email) | HIFIS File Number (If known) |

| B. Instructions |
|-----------------|
|-----------------|

I, _____ (print your full name) wish to withdraw my consent to any further use of disclosure by HIFIS of my personal information.

- I understand that information already in HIFIS will remain in the system, but no future information will be entered into the shared system.
- I acknowledge this means I may not be eligible to participate in some programs and services.**

Note: This withdrawal of consent is not retroactive, nor does it affect the uses and disclosures of personal information collected by HIFIS where the uses and disclosures are permitted or required by law without consent.

Notice of Collection, Use and Disclosure:

Your information is collected and input into the Simcoe County Homeless Individuals and Families Information System (HIFIS) under the legal authority of the Department of Employment and Social Development Act. Simcoe County Community Service Providers will use your information to assist you in finding housing. If you have questions regarding this program, please contact the HIFIS Program Supervisor, Children and Community Services, County of Simcoe, 1110 Hwy 26, Midhurst Ontario L9X 1N6 at (705)722-3132 x1136.



County of Simcoe
 Social and Community Services
 1110 Highway 26,
 Midhurst, Ontario L9X 1N6

Main Line (705) 722-3132
 Beeton Area (905) 729-4514
 Fax (705) 722-4720
 simcoe.ca



C. List dependent(s) whose withdrawal of consent(s) is/are provided by you:

| Dependent's Name | Date of Birth / Age (YYYY/MM/DD) |
|------------------|-------------------------------------|
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D. Signatures

Participant (or guardian) Signature

| | |
|---|----------------------------|
| Signature of HIFIS Client: | Date Signed (YYYY/MM/DD) |
| First Name and Last Name of HIFIS Client printed: | Date of Birth (YYYY/MM/DD) |

Verbal Consent Only

| | |
|--------------------------|--------------------------|
| Service Providers Name | Caseworker Name |
| Signature of Caseworker: | Date Signed (YYYY/MM/DD) |

Note: The withdrawal of consent will be effective **immediately** when the completed form is emailed to County of Simcoe HIFIS Team at HIFIS@simcoe.ca and the confirmation of receipt is provided or is uploaded to HIFIS, and consent is expired by a service provider. By completing this form, you are consenting to the collection and use of the information in this form by the County of Simcoe to process your request. The County of Simcoe may contact you to verify the contents of this form, or to request additional information that may be necessary to process your request.