



**Homelessness Prevention & Children's Services
Department**

162 Lochiel Street, Suite 100
Sarnia, ON N7T 7W5

Telephone: 519-344-2062

Toll-free: 1-800-387-2882

Fax: 519-344-2025

**Lambton County Homelessness Prevention System
Confidentiality and User Agreement Form**

Service Provider: _____

A **Service Provider** is an organization that is a provider of services related to the Homelessness Prevention System within the County of Lambton.

Overview

The County of Lambton administers funding to local community partners to ensure that emergency shelter and re-housing services are provided to eligible individuals and families in the community. The County of Lambton and its partner agencies are dedicated to assisting individuals and families who are experiencing homelessness and housing instability through the Homelessness Prevention System. The County of Lambton uses a Homelessness Management Information System (HMIS) to capture and process our community homelessness information. A centralized database referred to as HIFIS is used to collect, store, and share client information to those enrolled in the Homelessness Prevention System. We will require our clients to provide consent in order to share personal information within our system, thereby allowing our clients to have full access to the programs and services they need and to have an overall better client experience.

What is the Homeless Individuals and Families Information System - "HIFIS"?

- It is an electronic database developed by the Government of Canada to allow communities to collect and share information about individuals and families seeking services within a dedicated region in support of their homelessness prevention system. The database was developed to help expedite the needs of clients by allowing service providers to gain real-time data about the clients they are providing services to.
- The County of Lambton hosts its own installation of HIFIS and only shares data that is appropriate and necessary to provide services to the clients within their community.

I am declaring that I am a representative of the above listed organization within Lambton County's Homelessness Prevention System. By signing this agreement, I understand that I will be granted access to HIFIS. This access will exclusively be used for the work I undertake for the above listed organization.

In recognition of the confidential nature of the information contained in HIFIS, I understand and agree as follows:

- I will access HIFIS only in the normal course of fulfilling my duties at the organization listed above.
- I will only access the clients in HIFIS that I am currently working with.
- I will not release or share client information to anyone other than to persons who are authorized to receive the information.
- I will use HIFIS, and collect, use, and disclose client information only in accordance with the policies, protocols and/or procedures provided to me by the organization listed above.
- I will take reasonable precautions regarding the protection of client information. This includes the following:
 - > I will protect my HIFIS login password;
 - > I will not share my HIFIS login password; and
 - > I will not leave client information unattended on my computer screen, at any time.
- I am responsible for any information or records that are entered or deleted in HIFIS using my User ID and Password.
- If I suspect a security breach in HIFIS, including unauthorized access to HIFIS, the possibility that my password may have been compromised or suspected breach of client confidentiality, I will immediately notify my supervisor and contact both the Homelessness System Coordinator and the Supervisor, Homelessness Prevention at The County of Lambton.
- If I suspect that data that has been entered incorrectly, I will notify both my supervisor and the Homelessness System Coordinator at Lambton County.
- I will immediately cease access to HIFIS if directed to do so or when I am no longer employed as a HIFIS User within the Homelessness Prevention System.
- I understand that my password will be revoked without further notice to me if I do not adhere to and comply with this Confidentiality and User Agreement.



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I acknowledge that the information being shared is “personal information” and “personal health information” as defined by s. 14(1)(a) of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, CHAPTER m. 56, and s. 4 of the *Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A*. I understand that the treatment, storage and handling of personal information and personal health information is governed by the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, CHAPTER m.56, and the *Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A*.

Questions regarding this collection should be directed to the Freedom of Information Coordinator, 789 Broadway St., Wyoming, ON, at 519.845.0809 Ext. 5253.

User Information

First and Last Name - <i>Print</i> :	First and Last Name - <i>Signature</i> :
Job Title/Position:	Date Signed (<i>Month DD/YYYY</i>)

Management Information – to be completed by your Supervisor/Management

First and Last Name - <i>Print</i> :	First and Last Name - <i>Signature</i> :
Job Title/Position:	Date Signed: (<i>Month DD/YYYY</i>)

This signed form must be kept on file at your respective organization.

Please scan and email this completed form to the HIFIS Support Team at hifis@county-lambton.on.ca

Nancy Kalbfleisch BBA (Honours)

Homelessness System Coordinator
Homelessness Prevention and Social Planning
Social Services | County of Lambton
162 Lochiel Street, Suite 100, Sarnia, ON N7T 7W5
Phone: 519-344-2062, Ext. 2023 | 1-800-667-1839
Email: nancy.kalbfleisch@county-lambton.on.ca

Ian Hanney MPH

Supervisor, Homelessness Prevention
Homelessness Prevention and Social Planning
Social Services | County of Lambton
162 Lochiel Street, Suite 100, Sarnia, ON N7T 7W5
Phone: 519-344-2062, Ext. 2713 | 1-800-667-1839
Email: ian.hanney@county-lambton.on.ca