

Service Coordination Project for Homeless People Living with HIV/AIDS
Client Treatment Consent to the Collection, Use and Disclosure of Personal Information

_____ (agency name) participates in the Service Coordination Project for Homeless People Living with HIV/AIDS. Some homeless people have HIV and mental health needs. Some have HIV and substance use issues. Most have poor access to care. They need better links to health and community services. That is the Project's goal. It aims for consistent and excellent care. There are 13 partner agencies in the Project. The partner agencies work together. They arrange the services. Places that provide the services are HIV/AIDS community agencies, health service programs, shelters, housing support services, and mental health programs. The agencies involved are:

- 2-Spirited People of the 1st Nations
- Casey House
- Fife House
- Fred Victor Centre
- McEwan Housing and Support Services
- Prisoners' HIV/AIDS Support Action Network (PASAN)
- Seaton House Shelter Infirmiry Program
- Sherbourne Health Centre Infirmiry Program
- St Michael's Hospital HIV/AIDS Psychiatry
- St Michael's Hospital Positive Care Clinic
- The 519 Church Street Community Centre-Meal Trans Program
- Toronto HIV/AIDS Network
- Toronto People with AIDS Foundation (PWA)

The Project may be for you. Your personal information is confidential. If you consent, we collect your information. We give it to agencies. They can see your information. This helps organize services. Only if you agree. We call this a privacy policy. You decide the partner agencies for your care. You control this agreement. To meet your needs, the consent permits staff to:

- Arrange services, knit them together.
- See if the agency is right for you. (from your application form and possible meetings).
- Assess your needs. This assessment is based on information you give. If you get service from an agency, they give information for the assessment. It includes written information from diagnostic, hospital or agency reports.
- Develop service plans.
- Develop end-of-service plans; arrange discharge from a service.
- Refer to other agency services in the partnership.
- Refer to services outside the partnership.
- Contact you directly or leave messages. Contact you through persons/agencies listed on your application form. (Please do not enter a name you do not want contacted).
- Provide information for program development, research and evaluation. Please note that this information is coded. It does not contain your name. Your identity is hidden.

“I understand this consent form. The policy is clear. I asked questions. I got answers I needed. There was an open discussion. I agree with the consent policy. My agreement applies while I receive help from the Project. If service ends, my consent no longer holds. If I no longer wish services, I understand this consent ends.”

Please see attached Consent Index Form

Client name: _____ Client signature: _____
Date (M/D/Y): _____