

## Consent to disclose personal information

Housing provider staff must receive your consent to share information about you with outside agencies or professionals. This is a time-limited consent form and will expire on **[reasonable time it will take to make the referral]**.

I, \_\_\_\_\_,  
(Print your name)

authorize \_\_\_\_\_  
(Print name of staff person)

to contact \_\_\_\_\_  
(Print name of agency or agencies)

and disclose

☐ **my personal information consisting of:**

\_\_\_\_\_  
(Describe the personal information to be disclosed)

or

☐ **the personal information of**

\_\_\_\_\_  
(Name of person for whom you are the substitute decision-maker\*)

**consisting of:**

\_\_\_\_\_  
(Describe the personal information to be disclosed)

to

\_\_\_\_\_  
\_\_\_\_\_  
(Print name and address of person/agency requiring the information)



ONTARIO NON-PROFIT  
HOUSING ASSOCIATION

I understand the purpose for disclosing this personal information to the person or organization noted above. I understand that I can refuse to sign this consent form or later withdraw my consent and I understand that refusal to sign or the withdrawal of

consent could affect the ability of the requesting agency to provide services to me. Collection of this information complies with Ontario's *Municipal Freedom of Information and Protection of Privacy Act* (R.S.O. 1990, cM5) and the *Federal Personal Information Protection and Electronic Documents Acts* (R.S.O. 1990 cF31), and is used for the sole purpose of administering your tenancy. The privacy officer for **[non-profit]** is **[designated staff]**. Complaints or questions about the use of your personal information may be directed in writing to our office: **[non-profit's address]**.

Name of Tenant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel.: \_\_\_\_\_ Work Tel.: \_\_\_\_\_

Date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Housing Staff Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

**\*Please note:** A substitute decision-maker is a person authorized on behalf of an individual, to disclose personal information about the individual.

**This form must be signed in the presence of all parties.**