

## Consent to Collect and Use Information

Developmental Services Ontario Hamilton-Niagara Region (DSO HNR) is a program administered by Contact Hamilton for Children's and Developmental Services (Contact Hamilton). DSO HNR is funded by the Ministry of Children, Community and Social Services (MCCSS). Contact Hamilton's activities, in administering its DSO HNR program, are governed by the Ontario legislation, Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008 and the regulations under the Act.

Contact Hamilton maintains the privacy of individuals and confidentiality of the personal information that we collect, use, and disclose. Accordingly, Contact Hamilton strives to provide appropriate privacy rights by developing and following a Privacy and Information Practices Policy. **Contact Hamilton requests your consent to:**

- **Collect information from the person/service provider named below, and**
- **Use the information collected from that person/service provider.**

If you do not give us consent, Contact Hamilton will not be able to collect and subsequently use the information.

I, \_\_\_\_\_, \_\_\_\_\_,  
(name of person giving consent) (relationship to client)

in respect of \_\_\_\_\_, \_\_\_\_\_,  
(name of client) (date of birth DD-MM-YYYY)

consent to Contact Hamilton, administrators of DSO HNR, collecting and using information from the following person/service provider for the following purpose:

Name of Person/Service Provider	Purpose of Collection and Use

I acknowledge and understand that Contact Hamilton will not collect or use personal information without consent, unless the law says that they can or must do so.

I also consent to Contact Hamilton, administrators of DSO HNR, disclosing information to the person/service provider named above, regarding service planning including services I am currently receiving or waiting to receive.

I acknowledge and understand that I can withdraw this consent, in writing, at any time, and that this withdrawal will take effect at that time.

\_\_\_\_\_  
(signature of person giving consent)

\_\_\_\_\_  
(date) DD-MM-YYYY

**If this consent was given orally: date, name, and signature of DSO HNR staff person:**

\_\_\_\_\_  
Date DD-MM-YYYY

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature