

HOMES FOR SPECIAL CARE PROGRAM CONSENT FORM

What personal information is Waypoint Centre collecting / using / disclosing and why?

The Homes for Special Care (HSC) program will collect, use and disclose your personal information as necessary for the administration of the program in alignment with the Home for Special Care Act.

By signing this form, you are providing permission for Waypoint to collect from and share information with group homes within the HSC program and other agencies for the purpose of providing housing and support services. This information could include records relating to your health and well-being and financial situation, such as income and tax information.

If you are eligible for the HSC program, your referral and personal information may be sent to homes and agencies that will be providing support and services to you.

Who will we collect information from? Who will we share information with?

Organizations that may be contacted include:

- Ministry of Health
- ODSP Delivery Agent
- Ontario Public Guardian and Trustee
- Health providers that are, or who have been, involved in my care
- Canada Revenue Agency (CRA)
- Service Canada
- Service Ontario
- Homes for Special Care homeowner, operators, staff and recreation providers
- Vendors and Service Providers regarding tenant expenditures
- _____

I _____ hereby consent to Waypoint sharing my personal information and personal health information with agencies prescribed, and for the purposes on this consent form.

I understand that if I withdraw my consent that this will affect my residency within the Homes for Special Care Program.

_____ (Printed name of patient)	_____ (Signature of Patient)	_____ (Date: dd/mm/yyyy)
_____ (Printed name of witness)	_____ (Signature of Witness)	_____ (Date: dd/mm/yyyy)
_____ (Printed name of SDM)	_____ (Signature of SDM)	_____ (Date: dd/mm/yyyy)