

Privacy Acknowledgements and Consent

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.

You have given us some personal information about yourself, and other people may also have given us personal information about you. Your personal information is stored in a provincial database called Developmental Services Consolidated Information System (DSCIS).

I ACKNOWLEDGE AND UNDERSTAND THE FOLLOWING:

- DSO organizations across the province of Ontario are able to view the information stored in DSCIS.
- The Minister of the MCCSS is authorized to collect personal information directly or indirectly about individuals who apply for and/or receive MCCSS-funded adult developmental services and supports, for certain specified purposes, such as planning and forecasting the need for adult developmental services and supports, under section 35(1) of the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008.
- Contact Hamilton will not disclose personal information without consent, unless the law says that they can or must do so.
- In response to an urgent situation that may occur after regular business hours, DSO HNR will be given information about the urgent situation, and in response, will share information, and coordinate a meeting with community agencies. This process is called Urgent Response After Hours.
- I can withdraw this consent, in writing, at any time, and that this withdrawal will take effect at that time.

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, using, and disclosing the Client's personal information in accordance with its Privacy and Information Practices Policy and this Privacy Acknowledgements and Consent form.

(signature of person giving consent)

(date DD-MM-YYYY)

Form Date: June 22, 2021 REV (July 06, 2021)