



**LANARK COUNTY BY NAME LIST COMMITTEE**  
**Client Consent for Data Collection and Release of Information**

Lanark County’s By Name List Committee is a group of Partner Agencies and programs that work together to provide housing and homelessness services. Information about people and families who receive housing and homelessness services is collected to help deliver and coordinate services across Partner Agencies or programs, and to make sure that the services are meeting the needs of community members.

This means that as you receive services, personal information will be collected about your housing and support needs, the services that you receive, and the outcomes of those services.

To ensure that you access the supports that you need, it may be important for relevant information to be shared among the Partner Agencies. Only information related to obtaining and maintaining your housing and homelessness supports will be collected and accessed by Partner Agencies. The names of the current Partner Agencies in Lanark County’s By Name List Committee are listed below but may change as more Partner Agencies and programs work together to provide housing and homelessness services.

**CONSENT TO OBTAIN, DISCLOSE, TRANSMIT OR ACCESS PERSONAL INFORMATION**

I \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Cell/Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Hereby authorize (select any or all of the following community partners) to share relevant information on my behalf to assist and support me as requested, required or as necessary:

- |  |
|--|
| <input type="checkbox"/> Cornerstone Landing Youth Services                  |
| <input type="checkbox"/> Lanark County Interval House                        |
| <input type="checkbox"/> Lanark County Mental Health                         |
| <input type="checkbox"/> Lanark County Social Services                       |
| <input type="checkbox"/> Lanark Leeds & Grenville Addictions & Mental Health |
| <input type="checkbox"/>   |
| <input type="checkbox"/>   |
| <input type="checkbox"/> Other (specify agency/service):                     |

I hereby waive any and all claims against the above noted organizations in relation to the disclosure of my personal information.



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**Client Declaration:** I authorize the County of Lanark By Name List Committee to exchange information with the agencies, people and / or businesses named above. I am aware that the information will be collected and provided in accordance with the Privacy Act and will be used for the administration of this program. I understand that this release of information is in effect for one year from the signed date below

Date: \_\_\_\_\_ Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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

Witness (name): \_\_\_\_\_

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