



Personal Plan - Joint Planning Program (JPP)

Notice and Consent for the Use and Disclosure of Personal and Personal Health Information

Employment and Income Assistance, Department of Families

Adult Probation Services, Department of Justice

Notice - Why Personal Information and Personal Health Information needs to be collected

Your personal information and personal health information ("information") identified below is required for your participation in the Joint Planning Program (JPP), between Employment and Income Assistance and Adult Probation Services. Your information will be shared (disclosed) between the Employment and Income Assistance Program ("Families") and Adult Probation Services ("Justice") for developing a Personal Plan.

Your Personal Plan may include steps to secure suitable housing and medical care, achieve personal goals, participate in addictions treatment, attend offence specific intervention programs, and/or access education, training, and/or employment and job readiness programming.

Notice of Authority for Collection of Information

The authority for collecting your personal information is section 36 (1)(b) of *The Freedom of Information and Protection of Privacy Act (FIPPA)* (directly related to and necessary for an existing program of the Departments) The authority for the collection of your personal health information is section 13(1) of *The Personal Health Information Act (PHIA)* (necessary for a lawful purpose connected to an activity of the departments (the program).

Consent to Disclose Personal Information and Personal Health Information

I understand that my Employment and Income Assistance Counsellor and Adult Probation Services Probation Officer may share (disclose) with each other the following information to verify my information and to help me meet Employment and Income Assistance and Adult Probation Services expectations (ex. employment, curfew etc):

- Full name, telephone number and address
- Employment and Income Assistance case number, Adult Probation Services Number
- Birth date and gender
- Education, job skills, experience and/or credentials
- Sources of income
- Any conditions of Probation Services and/or legal restrictions that may impact on training and/or employment objectives
- Employment status
- Medical condition(s) - only if it limits my ability to pursue education, training and/or employment.

Maintaining Confidentiality of Information

I understand that any other use or disclosure of my personal information or personal health information will not be permitted without my consent, unless so authorized by the law particularly *The Freedom of Information and Protection of Privacy Act (FIPPA)* and/or *The Personal Health Information Act (PHIA)* and/or *The Manitoba Correctional Services Act (CSA)* .

Contact Information

If I have any questions about the collection, use, or disclosure of my personal information and personal health information, I can contact my Employment and Income Assistance Case Coordinator or Adult Probation Services

Probation Officer. I can also contact the Access and Privacy Coordinator for the Department of Families at 204-945-2013 and/or the Access and Privacy Coordinator for Manitoba Corrections at 204-945-1999.

Expiry of Consent

I understand this consent is only valid during my current enrollment on the Employment and Income Assistance program and the Adult Probation Services supervision program, and terminates when my involvement in one program ends. I understand that I may change or cancel this consent at any time with written notice to the Employment and Income Assistance program or Adult Probation Services.

Copy of Form

I understand I have the right to receive a copy of this notice and consent form.

Authorizing Signatures

Department signature

Printed _____

Written _____

Department (Jobs and the Economy or Justice) _____

Date _____

Participant signature

I have read this notice and consent form and understand it. I consent to the above named program areas using the information specified on this form and sharing it with each other for the purposes related to my personal plan.

Printed _____

Written _____

Date _____

- ☐ Original placed on participant file where form completed (Employment and Income Assistance or Adult Probation Services)
- ☐ Copy provided to participant
- ☐ Copy provided to (Employment and Income Assistance or Adult Probation Services)