



Kwanlin Dün First Nation
 Department of Education and Social Development
 35 McIntyre Drive
 Whitehorse, YT Y1A 5A5
 Phone: (867) 633-8422
 Fax: (867) 633-7841

CONSENT TO RELEASE/SHARE INFORMATION

I, _____, of _____,
(Print first and last name) *(Print address - city and territory)*

give permission to Case Managers at the Kwanlin Dün First Nation (KDFN) House of Learning to exchange information with the following services providers and organizations, both verbally and in writing.

| Service Provider | Date (M/D/Y) | Client Initial | Case Manager Initial | Specific Details (if required) |
|---|--------------|----------------|----------------------|--------------------------------|
| <input type="checkbox"/> KDFN House of Learning Case Management Team | | | | |
| <input type="checkbox"/> KDFN Departments (Note: according to policy applications for funding also go to Finance) | | | | |
| <input type="checkbox"/> Yukon Government (YG) Post-Secondary and Labour Market (Formally Advanced Education) | | | | |
| <input type="checkbox"/> Employment and Social Development Canada (ESDC) | | | | |
| <input type="checkbox"/> Canada Revenue Agency | | | | |
| <input type="checkbox"/> Educational Institutions and/or Training Providers | | | | |
| <input type="checkbox"/> Place of Employment/Potential Employers | | | | |
| <input type="checkbox"/> Other Governments (Territorial, Federal, FN) | | | | |

I understand that the purpose for releasing this information is for case management services, including case planning, assessing needs and referring to additional support services. The information may also be used for policy analysis, statistical, research and/or program evaluation. Statistical information may be shared with funding agencies. This consent may be cancelled at any time by contacting KDFN House of Learning staff at (867) 633-8422.

AIS Database Information – I understand that my basic data (name, birthdate, address, SIN#, SCIS #, phone number and email) will be entered into the AIS Database (computer software program). This basic information will be shared with other KDFN departments.

Furthermore, I understand that any additional case management information, or notes on my file related to my supports at the House of Learning, will be entered and tracked in the AIS Database. This additional information WILL NOT however, be shared with any other KDFN departments unless stated previously on this consent form.

Individual/Legal Guardian

Date

Witness

Date

WITHDRAW CONSENT

Consent has been withdrawn on _____ by _____
Date Name of person (print)

Person receiving the call or instruction:

Name (print) Signature Date

KWANLIN DÜN FIRST NATION CONFIDENTIALITY AGREEMENT

It is the collective responsibility of all Kwanlin Dün First Nation (KDFN) employees to adhere to the provisions of the *Freedom of Information, Protection of Privacy Act (FIPPA)* when dealing with the personal information of other employees, our clients and Citizens.

I, _____, through my position as _____,
Print staff members first and last name Print staff members position/place of work

with KDFN, agree to keep in the strictest confidence any information relating to clients both during and after my employment with KDFN in line with the KDFN Employee Oath of Confidentiality (Section 3.5 *KDFN Personnel Policy and Procedures Manual*) with KDFN.

Kwanlin Dün First Nation Staff Member Date