



## HIFIS Expired Consent Update Request Form

The purpose of this form is for agencies to request changes to an account after the consent has expired. The HIFIS Team will take in this request and have the final decision of the change.

This form must be submitted to [hifis@shipyxe.ca](mailto:hifis@shipyxe.ca) by a Manager or Super User.

### User Information

User Name	
Date Requested	
Agency	
Signature	

### Client Information

Client HIFIS ID:	
Client Consent Expiration Date: (If known)	
Are there dependents or family connected to this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this a return to Coordinated Access?	<input type="checkbox"/> Yes – Yes, approved return. <input type="checkbox"/> Client is a return but has not been yet approved by Coordinated Access <input type="checkbox"/> No – Not a return to Coordinated Access
Type of Change Request	<input type="checkbox"/> Return Referral (Coordinated Access only) <input type="checkbox"/> Merge Identical Account <input type="checkbox"/> Client Management Account Close <input type="checkbox"/> Housing Placement – Close date: _____ <input type="checkbox"/> Case Management – Close date: _____ <input type="checkbox"/> Other _____
Reason for Request	

### Authorization

Super User Name	
Signature	