Information and Pri Commissioner of Or Commissaire à l'infi protection de la vie	ntario		Access and Correction Form CYFSA Part X
Request for:	☐ Access to perso ☐ Correction to pe		
Name of the service provider (such as a children's aid society) you are making your request to:			
Information ab	out you		
Preferred pronou	n (optional)		
He/Him/His	She/Her/Hers	They/Them/Theirs	☐ Other (specify) ►
Last name			
First name			
Middle name(s)			
Preferred name			
Full name appearing on records, if not the same as above:			
Address			Unit
City		Province	Postal code
Phone number			

If you wish to communicate with the service provider by email, please provide your email address:

Substitute decision-maker information

(If you are not a substitute decision-maker, skip this section.)

If you are a substitute decision-maker (such as a parent or guardian) requesting on behalf of someone else, please describe your role and explain your relationship. You may be asked to provide supporting documentation.

I consent to being contacted at this e-mail address or through that of my representative on my behalf. I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.



Information about your access request

(If you are only seeking correction to your personal information, skip this section.)

Please provide a detailed description of the personal information you are requesting and details that will assist in locating this information (such as dates, names of staff, etc.).

Would you prefer to:

Examine the original record

Receive a paper copy of the record

Receive an electronic copy of the record

The service provider must respond in writing to your access request within 30 calendar days. You have a right to make a complaint about that decision to the Information and Privacy Commissioner of Ontario.

Information about your correction request

Please provide a detailed description of the record(s) of personal information you would like corrected and explain why the record(s) is inaccurate or incomplete. Please include any information that will be needed to correct your personal information.



The service provider must respond in writing to your access request within 30 calendar days.

You have the right to make a complaint about that decision to the Information and Privacy Commissioner of Ontario and request to have a "statement of disagreement," which is a brief letter that explains what information you think is incorrect or incomplete, attached to your personal information in the record.

Signature

Your signature

Date (*mm/dd/yyyy*)

For service provider use only

Date received

Request number

Comments

The personal information on this form is collected pursuant to the *Child, Youth and Family Services Act, 2017* and will be used for the purpose of responding to your request. Questions about this collection should be directed to the privacy contact person at the service provider where the request is made.