



- REQUEST FOR:** Access to personal information
 Correction to personal information

Name of the service provider (such as a children's aid society) you are making your request to:

INFORMATION ABOUT YOU

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:

Please note that email communication is optional and the security of email communication cannot be guaranteed.

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.



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

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.