



# ACCESS TO RECORDS REQUEST FORM

Under Part X of the *Child, Youth, and Family Services Act, 2017* (CYFSA)

Today's Date: \_\_\_\_\_

My full legal name is (print): \_\_\_\_\_

My date of birth is (mm/dd/yy): \_\_\_\_\_

My address is: \_\_\_\_\_

I am requesting that Family and Children's Services of Renfrew County ('FCSRC') provide me with records regarding:

My own personal information;

or

The personal information of (name) \_\_\_\_\_, (DOB mm/dd/yy): \_\_\_\_\_

My relationship to this person is: \_\_\_\_\_

If this person is your child, detail any custody / access agreements or orders that are in place: \_\_\_\_\_

*(If you are an authorized substitute decision-maker, attach any necessary documentation confirming your authority. For example, a Certificate of Appointment of Estate Trustee without a Will, a court order, a certificate from the Consent and Capacity Board, etc.*

*If you are requesting personal information of multiple individuals for whom you are a substitute decision maker, separate forms for each person will be required. If you are not an authorized substitute decision-maker FCSRC will not be able to provide you with records pertaining to anyone but yourself, unless you have written consent from the third parties and / or a court order.*

*If you are a substitute decision-maker for a capable child or youth (i.e. a parent or other person who has lawful custody) you will not be entitled to obtain any information that relates to (1) "treatment" (as defined under the Health Care Consent Act, 1996) about which the child or youth has made their own decision; or (2) about "counselling" (as defined under the Child, Youth and Family Services Act, 2017) about which the child has consented to participate in on their own. The child or youth's direct consent and / or a court Order for this type of special information will be required.*

*If you are a substitute decision-maker for a capable child or youth, the child or youth's consent will prevail. If there is a disagreement between the substitute decision-maker and the child with respect to the decision to give, withhold or withdraw consent of the child's personal information, the child's decision will be the one the Society must follow).*

### Details of My Request:

If FCSRC needs to speak with me about my request, my preferred phone number is (#) \_\_\_\_\_;

email (address) \_\_\_\_\_; or other \_\_\_\_\_.

Is it okay for FCSRC to leave a message identifying that it is FCSRC calling you?  YES  NO

I am requesting records from a specific time period: (mm/dd/yy) \_\_\_\_\_ up to and including (mm/dd/yy) \_\_\_\_\_

I am requesting the following specific records (list them by name and date):

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

I need the records for the following purposes (this is optional but will greatly assist FCSRC in meeting your request. For example, if the records will be used in a domestic family court case):

\_\_\_\_\_  
\_\_\_\_\_

- I need the records by the following date (mm/dd/yy): \_\_\_\_\_
- I was previously and / or am currently a child in care and am looking for information about this period of time
- I was adopted and / or the person I want records about was adopted and I am looking for information about this
- I am looking for information about a child that I do not have custody of, but have a right of access to (*you will be asked to provide a copy of a court order indicating this*)

**I would like to receive my records in the following format:**

- Electronically (a secure link (i.e. OneDrive) will be sent to you via email at the following address: \_\_\_\_\_
- CD, which I must pick up in person at FCSRC's offices;
- Paper, which I must pick up in person FCSRC's offices.

**I agree to provide FCSRC with government issued ID before they will release the records to me.**

I am aware that FCSRC will not always be able to provide complete and unaltered records to me as there are certain circumstances and types information that must be redacted, as prescribed by law. For example, third-party records, health care records and reports, information about the *Child Abuse Registry*, etc. If FCSRC has redacted information that I believe I am entitled to, I am aware that I can seek clarification from FCSRC and / or contact the Information and Privacy Commissioner of Ontario at <https://www.ipc.on.ca/>.

I am aware that I have the right to give, change, withhold or withdraw my consent with respect to the matters noted above at any time. I can also place reasonable limits or conditions on my consent. If I revoke or change my consent this does not apply retroactively. In other words, any communication that was exchanged prior to revoking my consent will still be collected, stored, used and disclosed by FCSRC, as required by law. I am aware that I can give, change, withhold or withdraw my consent in writing or verbally, and then FCSRC will document this in their records. I am also aware that there are certain circumstances when FCSRC will still have to collect, use, or disclose our communications and my personal information even if I am not consenting because FCSRC has to fulfill its child protection mandate and must always promote the protection, best interests and wellbeing of children.

I understand and appreciate that there may be times when personal information about me and my family will be communicated through the channels that I have consented to above. I understand that FCSRC will use best efforts to ensure that my personal information is collected, used, stored and sent in a manner that is confidential and secure. However, I am aware there are no guarantees, especially with respect to electronic communication. I am aware that FCSRC will not be held liable for any privacy breaches that occur if caused by my actions or failure to take reasonable precautions to protect my own information. I am aware that if a breach occurs, I have the right to contact the Information and Privacy Commissioner of Ontario at <https://www.ipc.on.ca/>; and also have a right to seek independent legal advice.

I am aware that the records given to me are for my use alone and are not to be distributed with any unauthorized persons, and shall not be published without appropriate authorization to do so and as prescribed by law.

FCSRC has made me aware that any communication between us will be recorded by FCSRC in the provincial database known as CPIN. FCSRC has made me aware of the purposes of the collection, use, and / or disclosure of my personal information, and I am aware that additional information about this is available at <https://www.fcsrenfrew.on.ca> or by contacting the Society directly.

I have signed this document after reading it, and after having been given an opportunity to ask questions about its contents. I am signing this document freely without any fraud, deception or coercion and understand the contents.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature