District of Nipissing Social Services Administration Board | Conseil d'administration des services sociaux du district de Nipissing

# FOI REQUEST FORM

Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
Personal Health Information Protection Act (PHIPPA)

## SECTION A: TYPE OF REQUEST

- ☐ Access to a Record(s) of a general nature (i.e., does not contain personal information or personal health information)
- ☐ Access to a Record(s) that contains my own personal information
- ☐ Access to a Record(s) that contains another's personal information (submitted by an authorized party)
- ☐ Access to a Record(s) that contains my own personal health information
- ☐ Access to a Record(s) that contains another's personal health information (submitted by an authorized party)
- ☐ Other: _____

## SECTION B: REQUESTOR'S INFORMATION

Who is submitting this Request:

- ☐ Academic/Researcher
- ☐ Agent for an Individual*
- ☐ Association/Group
- ☐ Business
- ☐ Estate trustee**
- ☐ Government
- ☐ Individual
- ☐ Media
- ☐ Person administering an estate**
- ☐ Other: _____

If you are a police service or involved in an investigation, please use the *Law Enforcement Request Form.*

Name _____

Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone # _____

Email _____

Your File # _____

**CONSENT REQUIREMENTS**

*In addition, if you are **acting as an agent** (i.e., authorized party) on someone else's behalf, please include with the application **a Consent to Release Form** from the individual signed and dated within the last year, authorizing you to act on their behalf, as well as a photocopy of a piece of his/her identification bearing a signature for verification purposes.

**If you are an **estate trustee or the person who has assumed responsibility for an estate,** please ensure to provide appropriate documentation to confirm role, which may include any of the following: a certificate of appointment of estate trustee issued by the court, court order, affidavits, receipts, or any other documentation that can demonstrate that the FOI applicant has assumed responsibility of the estate, such as managing the deceased's financial affairs, paying debts, arranging the funeral, or distributing assets to beneficiaries.

## SECTION C: TYPE OF RECORD(S)

Data Range _____

Record type

- ☐ Ambulance Call Report
- ☐ Case Notes
- ☐ Complete Ontario Works File
- ☐ Correspondence (i.e., emails)
- ☐ Financial Record(s)
- ☐ Operational Incident Report (statement)
- ☐ Report(s)
- ☐ Other: _____

Description _____

## SECTION D: AFFECTED INDIVIDUAL

Name _____ DOB: _____

ID# _____ HIC: _____

**(Only for requests that include *Personal Information* or *Personal Health Information*)**

**NOTICE OF COLLECTION**

Personal Information contained on this form is collected under the Municipal Freedom of Information and Protection of Privacy Act and the Freedom of Information Protection Act. It will be used to answer your request. Questions about this collection should be directed to the Risk Management Specialist 474.2151 or by email to risk@dnssab.ca.

## SECTION E: RELEASE PREFERENCE

| | | |
|---|---|---|
| ☐ | I would like to examine the original(s) – *Please indicate at which office; ensure to bring valid photo ID* | ☐ Mattawa (540 Valois Drive)<br>☐ North Bay (200 McIntyre St E)<br>☐ Sturgeon Fall (94 King St, Unit 15) |
| ☐ | I would like to pick-up a copy of the Record(s) – *Please indicate at which office; ensure to bring valid photo ID* | ☐ Mattawa (540 Valois Drive)<br>☐ North Bay (200 McIntyre St E)<br>☐ Sturgeon Fall (94 King St, Unit 15) |
| ☐ | I would like my copy of the Record(s) mailed to the address above | |
| ☐ | I would like my copy of the Record(s) mailed to the following address: | _____ |
| ☐ | I would like my copy of the Record(s) emailed to the above address. | |
| ☐ | I would like my copy of the Record(s) email to the following address: | _____ |
| ☐ | I would like my copy of the Record(s) faxed to: | _____ |

## SECTION F: METHOD OF PAYMENT

| | |
|---|---|
| ☐ | Cheque (please include with this form) |
| ☐ | Cash/Debit (please attached receipt to this form) |
| ☐ | Invoice (please send an invoice to the address noted above) |

**PLEASE NOTE THERE IS A MANDATORY $5.00 APPLICATION FEE FOR MFIPPA REQUESTS.**

**Ensure to include payment and/or a copy of your payment receipt for the mandatory fee in accordance with SECTION 17(1) of MFIPPA and SECTION 5(2) of *R.R.O. 1990, Reg. 823: GENERAL*. Failure to provide payment or proof of payment of the mandatory fee will delay your request.**

## SECTION G: SIGNATURE

By signing below, I certify that the information above is true and complete to the best of my knowledge.

_____ _____

Signature of Requestor Date

**Please note that you are required to include a valid form of identification, that includes your signature, with this request form.**

# INSTRUCTIONS FOR FOI REQUEST FORM

**Informal Access to Records**
You may be able to access records without making a formal request. Therefore, prior to submitting a request, please contact the Risk Management Specialist to confirm if a formal request is necessary.

**Section A: Type of Request**
Mark the box that matches what you are asking for. Records without personal or personal health information are called general records. You can choose more than one type but be sure to explain in Section D which type applies to each part of your request.

**Section B: Requester's Information**
Make sure you have entered your name, address, phone number, and email address, especially if we need to contact you for clarification.

**Section C: Type of Record**
To help us find the records, give as many details as you can about what you are looking for. Include the specific date or a date range, the type of record (choose from common DNSSAB records or describe your own), and a general description of what the record is or what could be found within. You can also attach extra documents or pages if needed.

**Section D: Affected Individual**
If this applies, give as much detail as possible about the person who's personal or health information you are requesting. This could be your own information or someone else's.

**Section E: Release Preference**
Confirm how you would like access and/or receive the records – either to review the originals on-site or to receive a copy (ensure to select how your preferred way to receive your copies).

**Section F. Method of Payment**
A $5.00 fee is required for all MFIPPA-related requests for personal or general information. Please include this payment with your request. DNSSAB cannot process your request until you pay the fee. Do not include credit card information on this form. Pay cash in person or make cheques payable to "The District of Nipissing Social Services Administration Board." We do not accept online payments.

You do not need to pay a fee for Personal Health Information requests under PHIPA.

**Section G. Signature**
Be sure to sign and date this form and include valid identification; failure to provide may delay your request.

Also, ensure to submit any consent and/or any legal documents that confirm your role and authority to make a request on behalf of someone else.

# SUMMARY OF ADDITIONAL CHARGES

**DNSSAB can deem that your request is subject to Additional Charges (see below) under SECTION 45(1) of MFIPPA and/or SECTION 54(11) of PHIPA. Note that DNSSAB will require proof of payment of any prescribed Additional Charges prior to the release of any record(s).**

## PERSONAL INFORMATION REQUESTS

*As per SECTION 6.1 of R.R.O. 1990, Reg. 823: GENERAL*

| | |
|---|---|
| Photocopying: | $0.20 / page (8 ½ x 11, 11 ½ x 14) |
| Plotter Photocopies | (18 x 24) $4.15/print + HST<br>(24 x 36) $8.50/print + HST<br>(36 x 48) $17.00/print + HST<br>(42 x 60) $35.00/print + HST |
| Computer Programming | $15.00 per ¼ hour if needed to develop program to retrieve information |
| Disks/CD's/DVD | $10.00 for each disk/CD/DVD<br>$10.00 +HST for each device |

## GENERAL INFORMATION REQUESTS

*As per SECTION 6 of R.R.O. 1990, Reg. 823: GENERAL*

| | |
|---|---|
| Search Time | $7.50 per ¼ hour required to search and retrieve records |
| Record Preparation | $7.50 per ¼ hour required to prepare records for release or $0.20 / page (i.e. severing – redacting) |
| Photocopying: | $0.20 / page (8 ½ x 11, 11 ½ x 14) |
| Plotter Photocopies | (18 x 24) $4.15/print + HST<br>(24 x 36) $8.50/print + HST<br>(36 x 48) $17.00/print + HST<br>(42 x 60) $35.00/print + HST |
| Computer Programming | $15.00 per ¼ hour if needed to develop program to retrieve information |
| Disks/CD's/DVD | $10.00 for each disk/CD/DVD<br>$10.00 +HST for each device |

## PERSONAL HEALTH INFORMATION REQUESTS

*As per SECTION 54(11), Personal Health Information Protection Act, 2004, S.O. 2004, c. 3, Sched. A*

Custodian will provide a **fee estimate**, when applicable, before the processing of a request for the reasonable cost recovery of basic processing task, and any additional charges for photocopying, shipping, or electronic submission within the prescribed limits and guidelines of PHIPA.