



FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

REQUEST FOR ACCESS TO RECORDS

ARCS NO. 292-30/ 292-40/

NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST			
YOUR NAME			
LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> OTHER: _____
YOUR ADDRESS			
STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY / TOWN	PROVINCE / COUNTRY	POSTAL CODE
YOUR CONTACT INFORMATION			
DAY PHONE NO. ()	ALTERNATE PHONE NO. ()	E-MAIL ADDRESS	
DETAILS OF REQUESTED INFORMATION			
INFORMATION REQUESTED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE, AS THIS WILL ASSIST THE REQUEST PROCESS. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT.)			PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S), IF KNOWN
ARE YOU REQUESTING ACCESS TO ANOTHER PERSON'S PERSONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF SO, PLEASE ATTACH, AS APPROPRIATE: a) THAT PERSON'S SIGNED CONSENT FOR DISCLOSURE, OR b) PROOF OF AUTHORITY TO ACT ON THAT PERSON'S BEHALF.)			
PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE		DATE SIGNED (YYYY MMM DD)
FOR PUBLIC BODY USE ONLY			
REQUEST NO.	REQUEST CATEGORY <input type="checkbox"/> ACCESS TO GENERAL INFORMATION (ARCS 292-30/) <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION (ARCS 292-40/)		
REQUEST CODE	DATE RECEIVED (YYYY MMM DD)	NAME OF PUBLIC BODY RECEIVING REQUEST	
<ul style="list-style-type: none"> YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING. BIRTHDATE AND CORRECTIONS SERVICE NO. ARE REQUIRED TO VERIFY THE INDIVIDUAL REQUESTING THE INFORMATION PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST. 			

For requests for records in the custody and control of the Provincial Health Services Authority (PHSA). Please submit your request by mail: Corporate Director, Information Access & Privacy Services 200-1333 West Broadway, Vancouver, BC, V6H 4C1, **fax:** 604 675-7224 or **email:** Privacyandfoi@phsa.ca.