

Individual Request for Access to Records (RAR)

I, the undersigned, authorize Family a records with respect to:	ınd Childr	en's Servio	es Niagara ("F	ACS") to se	arch their
	Name of In	ndividual Se	eking Access		
As indicated below, the personal info following apply to your request for ac		_	ıdes details re	lating to (in	dicate which of the
☐ Access to personal information☐ Correction to personal information					
Please indicate below if your request	pertains t	to a specifi	c date, time p	eriod or do	cument type:
I understand that FACS currently use system. I understand that when a Chwill find all records of my involvement used to conduct a child welfare search used by individual CAS's. I further unto the processing of this request for a lidentifying Information Required for	nildren's A nt with all th in relatinderstand access to r	id Society I Ontario (ion to my (that my ir record.	("CAS") using CAS's also usir consent, in add	CPIN search Ig CPIN. I ag dition to oth	nes for my record, it gree that CPIN can be ner record systems
Preferred pronoun (optional)					
He/Him/His She/He	⁻ /Hers	Th	ey/Them/The	irs	Other (specify):
Full legal name appearing on records *					
Birth name					
Preferred name					
Date of birth (day/month/year) *					
Race/Ethnicity					
First nation, Inuit or Métis Ancestry (please specify)					
Current phone number					
Current address					

^{*} Required Information

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Length of time at current address	
	1.
Previous addresses, as applicable (street address, city, province)	2.
	3.
	4.

Children:

Full name(s)	Other prior or known names	Date of birth

Note:

Under subsections 299 through 302 of the CYFSA, any individual who is 16 years of age or older must authorize in writing their consent to the collection, use or disclosure of their personal information. FACS Niagara may determine any individual of any age capable of consenting to the collection, use or disclosure of their personal information and may require a valid consent in writing in relation to an Access or Correction request.

To protect your privacy, FACS requires verification of the identity of each individual seeking access to records, as well as the identity of the related children (subject to required consents) prior to processing your request for records. As preferred practice one piece photo identification is required.

If you are unable to supply the required proof of identification, Contact the Privacy Designate at recordsdisclosure@facsniagara.on.ca to discuss further.

Note: For purposes of protecting your identity, FACS will not maintain a permanent record of the proof of identification that you provide to us. Copies of identification that you provide will be destroyed at the completion of processing your access to records request.

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.

Please provide a detailed description of the personal information you are requesting and details that will					
•	n (such as dates, names of staff, etc.)				
	vriting to your access request within 30 calendar days. You have the right to ecision to the Information and Privacy Commissioner of Ontario. See below for				
Information about your correct (If you are only seeking access to	ion request o your personal information, skip this section).				
•	ption of the record(s) of personal information you would like corrected and inaccurate or incomplete. Please include any information that will be I information.				
All records will be provided to y How may we contact you for follows	you via Secure Email. How-up in relation to this request? (select all that apply)				
☐ In writing (mailing address: _)				
☐ Telephone					
Please indicate if Home; C	ell; □ Work; or □ Other hares this phone with you □ Yes □ No				
If Yes, can a message be left for	· · · · · · · · · · · · · · · · · · ·				
□ * E-mail	700. 2.00 2.00				
_	nod of communication, I consent to being contacted at the				
	ess () I acknowledge that sending				
	et is not secure, in that it can be intercepted, manipulated and/or unicating by email containing identifying information will only norization.				
Additional Directions, as may be	relevant:				
rinted Name					
iignature					
Date					
Name of witness/relationship					
ignature of witness					

Information about your access request

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 Designate at recordsdisclosure@facsniagara.on.ca. For more information, please see our Notice of Information Practices at https://www.facsniagara.on.ca/wp-content/uploads/2020/01/Notice-of-Information-Practices.pdf.

If you have questions or concerns regarding our organization's privacy policy and practices, you should first contact FACS Niagara directly. If your privacy questions have not been answered or your inquiry has not been satisfactorily addressed, you should then contact: Information and Privacy Commissioner of Ontario 2 Bloor Street East Suite 1400 Toronto, Ontario M4W 1A8 Email address: info@ipc.on.ca Telephone: (416) 325-7539 Long Distance: 1-800-387-0073.