



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: TYPE OF ACCESS

- ☐ Examine the original (complete on-site)
- ☐ Receive a copy

SECTION C: REQUESTOR'S INFORMATION

- Who is submitting this Request:
- | | |
|---|---|
| ☐ Academic/Researcher | ☐ Government |
| ☐ Agent for an Individual* | ☐ Individual |
| ☐ Association/Group | ☐ Media |
| ☐ Business | ☐ Person administering an estate** |
| ☐ Estate trustee** | ☐ 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 _____

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 D: TYPE OF RECORDS

Data Range _____

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

Description _____

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: AFFECTED INDIVIDUAL

Name _____ DOB: _____
ID# _____ HIC: _____
(Only for requests that include *Personal Information* or *Personal Health Information*)

SECTION F: RELEASE PREFERENCE

- ☐ I will pick-up my copy of the Record(s) – *Please bring valid photo ID*
☐ 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 G: 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 H: SIGNATURE

By signing below, I certify that the information above is true and complete to the best of my knowledge. I also acknowledge understand that if my request is approved in full or part, the information is confidential and that there shall be no further disclosure without the written authorization of the District of Nipissing Social Services Administration Board or the Nipissing District Housing Corporation.

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: Type of Access

Confirm how you would like access to the documents – either to review them on-site or to receive copies.

Section C: 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 D: 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 E: 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 F: Release Preference

Choose how you would like to receive the records from the options provided.

Section G. 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 H. 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
	(24 x 36) \$8.50/print + HST
	(36 x 48) \$17.00/print + HST
	(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
	\$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
	(24 x 36) \$8.50/print + HST
	(36 x 48) \$17.00/print + HST
	(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
	\$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.