

FOI REQUEST FORM



Under the 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	☐ Government	If you are a police services or involved in an investigation, please use the <i>Law Enforcement Request Form</i> .
	☐ Agent for an Individual	☐ Individual	
	☐ Association/Group	☐ Media	
	☐ Business	☐ Person administering an estate	
	☐ Estate trustee	☐ Other:	
Name _____			
Company Name _____			
Address _____			
City _____		Province _____	Postal Code _____
Telephone # _____			
Email _____			

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 RECORDS

Data Range _____			
Access	☐ Examine the original (complete on-site)		
	☐ Receive a copy (if select, complete Section D)		
Record type	☐ Ambulance Call Report	☐ Financial Records	
	☐ Case Notes	☐ Operational Incident Report (statement)	
	☐ Complete Ontario Works File	☐ Reports	
	☐ Correspondence Records (i.e., emails)	☐ Other:	

SECTION D: Affected Individual (named individual who the records are about)

Named Individual _____	DOB: _____
ID# _____	HIC: _____

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: DESCRIPTION

*Detailed description of the requested Record(s) or the personal information to be corrected. If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information. **Feel free to attach any additional documents or pages***

SECTION F: RELEASE PREFERENCE

If my request is approved in full or part, my preference is to receive the Record(s) as follows:

- ☐ 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: _____

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

Please ensure to include payment (as a cheque) herein and/or a copy of your receipt if payment was made on-site and a signed form of identification with this request form. Note that there may be additional costs (see [Summary of Fees](#)).

SECTION G: METHOD OF PAYMENT (MFIPPA Request Only)

- ☐ Cheque (please include with this form)
- ☐ Cash/Debit (please attached receipt to this form)

SECTION F: 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.

Signature of Requestor

Date

INSTRUCTIONS FOR FOI REQUEST FORM

Informal Access to Records

Many records of public institutions are available to you without making a request under the Act. Contact the Risk Management Specialist or Communications and Executive Coordinator for more information.

Section A: Type of Request

Check the box that indicates what you are requesting. Records that do not contain your personal information are general records.

If you are requesting records with another person's personal information, you must provide proof that you have the authority to act for them (power of attorney, guardian, trustee, attorney) or provide their consent in writing (authorization and direction/consent form). If not, Section 14 will be applied, and that information will not be available to you.

You may select multiple types, however, please be specific in Section D on which type applies to the applicable portion of your request.

Section B: Requester's Information

Please ensure that you have entered your name, address, telephone number and email address accurately.

Section C: Type of Record

Specify the date range (time period) for the records as precisely as possible i.e. 2020/01/01 to 2020/12/31

Provide as much detail as possible about the requested general records, own personal information, other's personal information or correction of own personal information. If you are requesting personal information records, provide the name that should appear on them.

You must be seeking information and records, not an opinion or recommendation by DNSSAB; you may contact a designated professional for this type of service.

Section D: Release Preference

Please select your preferred method of how you would like to receive the record(s).

Section E. Method of Payment (MFIPPA Request Only)

The **\$5.00** access fee is legislatively required. Please do not include any credit card information on this form. Cash payments must be made in person. At this time we are unable to accept online payment. Make cheques payable to *"The District of Nipissing Social Services Administration Board"*

Please identify which method you will be using to remit payment. Please note that electronically submitted requests are not commenced until the access fee is received by DNSSAB.

Section F. Signature

Please ensure that you sign and date the document. You will be asked for a form of identification if you are seeking personal information or making a request for correction of your own personal information.

SUMMARY OF FEES

The payment of fees is set out in the Municipal Freedom of Information and Protection of Privacy Act and its regulations.

PERSONAL INFORMATION REQUESTS

A request for information about oneself is considered a "personal information request". The following fees apply to requests for your own personal information:

MANDATORY FEE

Access Fee: \$5.00 - to be paid when you submit your request
Note: the access fee is mandatory (law) and not subject to waiver

ADDITIONAL FEES

Photocopying:	\$0.20 / page (8 ½ x 11, 11 ½ x 14)
	(18 x 24) \$4.15/print + HST
	(24 x 36) \$8.50/print + HST
Plotter Photocopies	(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

Requests for information, whether about a person other than yourself or about a government program or activity are considered general information requests. The following fees apply to requests for general information

MANDATORY FEE

Access Fee: \$5.00 - to be paid when you submit your request
Note: the access fee is mandatory (law) and not subject to waiver

ADDITIONAL FEES

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)
	(18 x 24) \$4.15/print + HST
	(24 x 36) \$8.50/print + HST
Plotter Photocopies	(36 x 48) \$17.00/print + HST
	(42 x 60) \$35.00/print + HST
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