

Request to Access Client Information

Under the Child, Youth and Family Services Act 2017 (CYFSA) and the Personal Health Information Protection Act, 2004 (PHIPA)

Name of Information Custodian to Whom the Request is being made

Jewish Family and Child Service of Greater Toronto

Client's Surname _____ Given Name _____ Initials _____ Date of Birth _____
(mm/dd/yyyy)

Address _____ Unit _____

City _____ Province _____ Postal Code _____ Telephone _____

Children: If you want the information of your children, please list their names and dates of birth.

(1) _____ (2) _____

(3) _____ (4) _____

Substitute Decision Maker Information, if client is incapable:*

Surname _____ Given Name _____ Initials _____ Date of Birth _____
(mm/dd/yyyy)

Address _____ Unit _____

City _____ Province _____ Postal Code _____ Telephone _____

**Please provide documentation to satisfy JF&CS that you are the authorized substitute decision-maker.

Is the SDM the Highest Ranking SDM***?: YES NO Relationship to Client: _____

Please provide a detailed description of the client information (which could be personal health information or personal information) to which you are requesting access. (You may use additional pages if necessary)

Signature (Client/SDM) _____ Date _____

For JF&CS Use Only		
Date Received _____	Request _____	Comments _____

* Generally, SDM may only sign if person is incapable.
 **If the SDM is a guardian, ask for the court order and make a copy for the file. If the SDM is an attorney for personal care, ask for the power of attorney for personal care and make a copy for the file.
 ***The list of SDMs in priority order is: guardian of person, attorney for personal care, representative appointed by Consent & Capacity Board, spouse/partner, child/parent (includes CAS), parent with access right, sibling, any other relative, Public Guardian and Trustee.