

PHIPA Access Request to Client Information

As a client, you have the right to access only your own information (with exceptions) under the *Personal Health Information Protection Act, 2004 (PHIPA)*.

This form must be completed in full in order for the request to be processed.

Name of Information Custodian to Whom the Request is being made:

Jewish Family and Child Service of Greater Toronto

| | | |
|--|---|--|
| Client's Last Name _____ | First Name _____ | Initials _____ |
| Other Name(s) used (if applicable) _____ | Date of Birth: _____ | (mm/dd/yyyy) |
| Address _____ | Unit _____ | |
| City _____ | Province _____ | Postal Code _____ |
| Telephone _____ | May we leave a message for you at this telephone number | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Children: If you want information about your children, please list their names and dates of birth (DOB).

- (1) _____ DOB (mm/dd/yyyy) _____
- (2) _____ DOB (mm/dd/yyyy) _____
- (3) _____ DOB (mm/dd/yyyy) _____
- (4) _____ DOB (mm/dd/yyyy) _____

State your marital status: _____

Do you have Custody or Parental Decision-Making for the children? Yes No

Check the applicable box: Sole Custody/Decision-making Joint Custody/Decision-making Access Parent

Other, explain: _____

I confirm that I have attached any parenting agreements or court orders related to the children.

If not, explain: _____

Your Relationship to Child(ren): _____

Note - Click here to download: A [consent form](#) signed by each child over age 16 must be attached for the Disclosure Team.

Select all the records that apply to your access request:

- Counseling
 Financial Assistance
 Woman Abuse
 Hospice
 Bereavement/Grief
 Jerome. D Diamond Centre
 Pearl Project
 Other: _____

Provide any additional details about the information you are requesting (You may use additional pages if necessary):

ONLY complete if Client is incapable – Name of Substitute Decision Maker* (SDM) requesting access on behalf of Client

Last Name _____ First Name _____ Initials _____

Relationship to Client _____ Date of Birth (mm/dd/yyyy) _____

Address _____ City _____

Province _____ Postal Code _____ Telephone _____

I confirm that I have attached documentation to satisfy JF&CS that I am the authorized Substitute Decision Maker.

By submitting this form, I confirm that I am the person identified as the Requestor and that the information I have provided in this request is true. I understand that it is an offence to make a request, under false pretenses, for access to personal information, or to make assertions concerning my authority to provide consent for another or my entitlement to access a record of personal information, and that a person convicted of one of those offences under the *Personal Health Information Protection Act, 2004* is liable to a fine of not more than \$100,000.00.

 Name of Requestor (Client/SDM)

 Signature

 Date (mm/dd/yyyy)

For JF&CS Use Only

Date Received _____ Request _____ Comments/Virtual Assistance: _____

*Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to the collection, use, or disclosure of personal information about the individual. If, as the SDM, you are a guardian, you can submit a court order/legal document. If you are an attorney for personal care, you can submit power of attorney for personal care. Here is a list of SDMs in priority order: guardian of the person, attorney for personal care, representative appointed by Consent & Capacity Board, spouse/partner, child/parent (includes CAS), a parent with access right, sibling, any other relative, Public Guardian and Trustee.