File: 292-40/[REQUESTNUMBER]

Your File: [CUSTOMFIELD60]

[TODAYDATE]

Use for non-inmate address

Sent via email: [RQREMAIL]

[ADDRESS]

Use for inmate address

[RFNAME] [RLNAME]

c/o Institution Name

Address

Address

Dear [RFNAME] [RLNAME]:

# Re: Request for Access to Records

# *Freedom of Information and Protection of Privacy Act* (FOIPPA)

**Client: [ONBEHALFOF]**

The Ministry of Attorney General received your request for access to the personal information of your client on [RECEIVEDDATE]. We understand your request to be for:

*[REQUESTDESCRIPTION]*

As provided in section 5(1) of FOIPPA, we cannot begin processing your request until we receive clarification, confirmation, and or documents.

Option 1: Date of birth or Correctional Service Number (CS#) required:

We require your date of birth or the CS# in order to locate/ identify the records you require.

If we do not receive a response from you by Date Calculate 10 business days after sent date, your request will be deemed to have been abandoned and this file will be closed without further notice.

Option 2: Describe clarification required – specific record type, subject, timeframe/ include feedback received from Corrections/program area if received.

If we do not receive a response from you by Date Calculate 10 business days after sent date, your request will be deemed to have been abandoned and this file will be closed without further notice.

Option 3: Consent provided is inadequate

As discussed, the documentation you provided does not meet our requirements. The consent form provided does not authorize the Ministry to release *[REQUESTDESCRIPTION]* records to you. For your convenience I have enclosed a copy of a consent form that meets the requirements set out in section 11 of FOIPPA Regulation. Please have your client complete and sign this form and return it to our office. Upon receipt of the signed consent form, we will resume processing your request and inform you of the due date for the release of the records to you.

If we do not receive a response from you by Date Calculate 10 business days after sent date, your request will be deemed to have been abandoned and this file will be closed without further notice.

Option 4: Consent not provided at all/missing

Information Access Operations is required to ensure that third parties have provided signed consent regarding the release of their personal information.

For your convenience I have enclosed a copy of a consent form that meets the requirements set out in section 11 of FOIPPA Regulation. Please have your client complete and sign this form and return it to our office. Upon receipt of the signed consent form, we will resume processing your request and inform you of the due date for the release of the records to your office.

If we do not receive a response from you by Date Calculate 10 business days after sent date, your request will be deemed to have been abandoned and this file will be closed without further notice.

Option 5: Lawyer needs to confirm they are representing the applicant because an individual submitted a request asking for records to be sent to a lawyer

Before we can proceed, please respond by letter or email to [PRIMARYUSERREMAIL] confirming that you are representing the above client. Please include in your reply, your client’s date of birth and/or Correctional Service Number (CS#).

We will keep this request as pending until we receive your letter or email. If we have not received a response from you by Date, Calculate 10 business days after sent date, your client will be advised accordingly, and the requested records will be sent directly to your client.

When we have received your reply, we will resume processing this request and will inform you of the due date for the release of the records to your office.

If you have any questions regarding your request, please contact me at [PRIMARYUSERPHONE]. This number can also be reached toll-free at 1 833 283-8200. Please provide the FOI request number, found at the top right of the first page of this letter, in any communications. If at any point you determine that you no longer require the requested records our office would appreciate being notified at your earliest convenience.

Sincerely,

[PRIMARYUSERNAME], [PRIMARYUSERTITLE]

Information Access Operations

Enclosure

Delete attachments if not required/ applicable

**FREQUENTLY ASKED QUESTIONS**

**Accessing Records of another Adult**

**Under the *Freedom of Information and Protection of Privacy Act***

1. Why is consent required?

A public body must ensure that personal information in its custody or under its control is disclosed only as permitted under section 33.1, 33.2 or 33.3 of the *Freedom of Information and Protection of Privacy Act* (FOIPPA).

Section 33.1(1)(b) provides that a public body may disclose personal information if the individual whose information is being requested consents to the disclosure. The absence of consent shall be interpreted as the absence of authorization.

2. What other options are available?

A court order for production of records held by the Ministry can be sought.

3. Are there other requirements for consent to be considered valid under FOIPPA?

Where an individual is seeking a third party adult’s personal information and is relying on a consent form for that purpose, section 11 of the FOIPPA Regulation applies with respect to the adequacy of the consent form itself.

**FOIPPA Regulation 11:**

(1)  For the purposes of section 26 (d), 30.1 (a), 32 (b) and 33.1 (1) (b) of the Act, consent must

(a) be in writing  
(b) be done in a manner that specifies

(i) the personal information for which the individual is providing consent, and

(ii) the date on which the consent is effective and, if applicable, the date on which the consent expires.

A valid consent must also:

1. Clearly identify the individual providing the consent (full name, date of birth and/ or CS#).
2. Be signed by the individual and be dated within the last 6 months.
3. State the jurisdiction (provincially or internationally) to which the personal information will be disclosed (if applicable).

***Freedom of Information and Protection of Privacy Act***

**5 How to make a request**

(1) To obtain access to a record, the applicant must make a written request that

(a) provides enough detail to enable an experienced employee of the public body, with a reasonable effort, to identify the record sought,

(b) provides written proof of the authority of the applicant to make the request, if the applicant is acting on behalf of another person in accordance with the regulations, and

(c) is submitted to the public body that the applicant believes has custody or control of the record.

(2) The applicant may ask for a copy of the record or ask to examine the record.

***Freedom of Information and Protection of Privacy Act Regulation***

**Consent respecting personal information**

**11**  (1) For the purposes of section 26 (d), 30.1 (a), 32 (b) and 33.1 (1) (b) of the Act, consent must

(a) be in writing, and

(b) be done in a manner that specifies

(i)   the personal information for which the individual is providing consent, and

(ii)   the date on which the consent is effective and, if applicable, the date on

which the consent expires.

(2) In addition to the requirements of subsection (1) of this section, for the purposes of

(a) section 26 (d) of the Act, consent must be done in a manner that specifies

(i)   who may collect the personal information, and

(ii)   the purpose of the collection of the personal information,

(b) section 30.1 (a) of the Act, consent must be done in a manner that specifies

(i)   who may store or access the personal information, as applicable,

(ii)   if practicable, the jurisdiction in which the personal information may be stored or from which the personal information may be accessed, as applicable, and

(iii)   the purpose of the storage of or access to the personal information,

(c) section 32 (b) of the Act, consent must be done in a manner that specifies the use of the personal information, and

(d) section 33.1 (1) (b) of the Act, consent must be done in a manner that specifies

(i)   to whom the personal information may be disclosed,

(ii)   if practicable, the jurisdiction to which the personal information may be disclosed, and

(iii)   the purpose of the disclosure of the personal information.

(3) Subject to subsection (4), a consent under section 33.1 (1) (b) of the Act that was given before the date this regulation comes into force, and is still effective on the date this regulation comes into force, continues to be effective in accordance with its terms.

(4) Unless a consent described in subsection (3) complies with the requirements set out in subsections (1) and (2) (d) within one year after the date this regulation comes into force, the consent ceases to be effective on the date that is one year after the date this regulation comes into force.

(iii)   the purpose of the storage of or access to the personal information,

(c) section 32 (b) of the Act, consent must be done in a manner that specifies the use of the personal information, and

(d) section 33.1 (1) (b) of the Act, consent must be done in a manner that specifies

(i)   to whom the personal information may be disclosed,

(ii)   if practicable, the jurisdiction to which the personal information may be disclosed, and

(iii)   the purpose of the disclosure of the personal information.

(3) Subject to subsection (4), a consent under section 33.1 (1) (b) of the Act that was given before the date this regulation comes into force, and is still effective on the date this regulation comes into force, continues to be effective in accordance with its terms.

(4) Unless a consent described in subsection (3) complies with the requirements set out in subsections (1) and (2) (d) within one year after the date this regulation comes into force, the consent ceases to be effective on the date that is one year after the date this regulation comes into force.

To: **Information Access Operations**

PO Box 9569, Stn Prov Govt

Victoria BC V8W 9K1

**AUTHORIZATION FOR RELEASE OF RECORDS held by:**

The Ministry of Attorney General (the “Ministry”) pursuant to section 22(4) (a) or section 33.1(1) (b) of the *Freedom of Information and Protection of Privacy Act*

**I**, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(name of individual whose personal information will be disclosed)

**do hereby authorize the Ministry to disclose the following records relating to me,**

(please specify the records and provide associated date ranges)

**RECORDS** **DATE RANGE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(otherwise describe the records to be released)

**to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(name and address of person to whom the records are to be released)

**for the following purpose(s):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(describe the purpose of the disclosure)

My date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This consent is effective as of this \_\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

This consent is valid from date signed until this access request is concluded.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature required)**