File: 292-40/[REQUESTNUMBER]

Your File: [CUSTOMFIELD60]

# [TODAYDATE]

# Sent via email: [RQREMAIL]

[ADDRESS]

Dear [RFNAME] [RLNAME]:

# Re: Request for Access to Records

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

**Client: [ONBEHALFOF]**

The Ministry of Children and Family Development received your request for access to personal information of your client on [RECEIVEDDATE]. As per our conversation on Date We understand your Choose to be for a copy of your client’s *[REQUESTDESCRIPTION]*.

As discussed, the/The documentation you provided does not meet our requirements. Information Access Operations is required to ensure that third parties have provided informed signed consent regarding the release of their personal information to the appropriate BC provincial public body.

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 [ONBEHALFOF] 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.

In addition, if we do not receive a response from you by Date, your request will be deemed to have been abandoned and this file will be closed without further notice.

You submitted your request outside of our online process. For future reference, you can submit both personal and general requests at: <https://www2.gov.bc.ca/gov/content/governments/about-the-bc-government/open-government/open-information/freedom-of-information>. Using the online process is a fast, easy and secure way to submit your Freedom of Information (FOI) request. It also ensures that we receive the information required to open your request. The webpage also includes frequently asked questions, additional information regarding the FOI process, and links to previously completed FOI requests and proactively released government records.

You have the right to ask the Information and Privacy Commissioner to review the Ministry’s response to your request. I have enclosed information on the review and complaint process.

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

Enclosures:

How to Request a Review with the Office of the Information and Privacy Commissioner

FAQ – Accessing Records of Another Person 12 years of Age or Older and Informed Consent

If MCFD - use the separate template for the checklist and Authorization for Release of Records form

MSD ONLY - Authorization for Release of Records form

CLB ONLY – Authorization for Release of Records form

# How to Request a Review with the

# Office of the Information and Privacy Commissioner

If you have any questions regarding your request please contact the analyst assigned to your file. The analyst’s name and telephone number are listed in the attached letter.

Pursuant to section 52 of the *Freedom of Information and Protection of Privacy Act* (FOIPPA), you may ask the Office of the Information and Privacy Commissioner to review any decision, act, or failure to act with regard to your request under FOIPPA.

**Please note that you have 30 business days to file your review with the Office of the Information and Privacy Commissioner. In order to request a review please write to:**

Information and Privacy Commissioner

PO Box 9038 Stn Prov Govt

4th Floor, 947 Fort Street

Victoria BC V8W 9A4

Telephone 250 387-5629 Fax 250 387-1696

If you request a review, please provide the Commissioner's Office with:

1. A copy of your original request;
2. A copy of our response; and
3. The reasons or grounds upon which you are requesting the review.

**FREQUENTLY ASKED QUESTIONS**

**Accessing Records of Another Person 12 years of Age or Older and**

**Informed Consent**

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

1. What does informed consent mean and why is it required?

The *Freedom of Information and Protection of Privacy Act* (FOIPPA) Policy and Procedures Manual, in the context of Sections 32, 33 and 33.1 (1)(b), deals with consent to the use and disclosure of personal information. The concept of “informed consent” involves ensuring that a person who authorizes the release of their personal information fully understands the nature of the personal information to be disclosed. Informed consent is required so Information Access Operations (IAO) can determine if the above conditions have been met. IAO’s Authorization for Release of Records form describes in detail the types of personal records held by the Ministry enabling individuals to indicate specifically which personal records the Ministry is authorized to disclose.

FOIPPA Policy Interpretation:

1. 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.
2. 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.
3. Any consent by an individual must be an informed consent, which must include informing the individual of:
   1. the exact nature and extent of personal information held by the public body about the individual; and
   2. the proposed disclosure of the personal information.
4. The absence of consent shall be interpreted as the absence of authorization. Where the person concerned has not consented to a disclosure of the personal information, public bodies cannot assume consent to the disclosure.

2. What other options are available?

* A court order for production of records held by the Ministry can be sought.
* The third party’s representing counsel can submit a request on behalf of their client for the requested records with a signed Authorization for Release of Records form.

3. Are there other requirements for a 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, 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.

IAO also requires that a consent must also:

1. Clearly identify the individual providing the consent (full name and date of birth);
2. Be signed by the individual and be dated within the last 6 months;
3. Accurately state to whom the personal information may be disclosed;
4. Specify how the personal information may be used; and
5. State the jurisdiction (provincially or internationally) to which the personal information will be disclosed (if applicable).

To: **Information Access Operations**

PO Box 9569 Stn Prov Govt

Victoria BC V8W 9K1

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

The **Ministry of Social Development and Poverty Reduction** (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:**

* **Employment and Assistance Case Records**: These records may include identification documents, applications for benefits, financial and bank records (monthly amounts of assistance and debt and repayment information), shelter and/or utility documents, medical records (persons with disabilities (PWD) applications and approval, specialized medical equipment/supplies and approvals), bus pass documents, workers’ notes relating to eligibility for income assistance benefits, and/or correspondence between client and Ministry.
* **Employment and Labour Market Service Division “Employment Program” Case Records:** These may include records concerning the development of job skills or training, records relating to efforts to obtain employment for you, as well as medical, cognitive, psychiatric assessments or reports, related to employment readiness.
* **Prevention Loss Management Case Records:** Including records relating to a Ministry investigation concerning an alleged overpayment due to undeclared assets, income, dependency relationship and/or fraud.

**Or name specific records** (eg. PWD application and approval, monthly amounts of assistance, shelter/Intent to Rent documents, monthly income reports, Family Maintenance Case records which may include custody agreements, payments, court orders, etc.) or other specific records.

**For the following date range:**

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

**To the following person(s):**

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

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

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

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

(describe the purpose of the disclosure)

**My date of birth is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My contact phone number is:**

**This consent is for one time only and expires on:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Print name of witness Print name of Ministry client

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

Signature of witness Signature of Ministry client

To: **Information Access Operations**

PO Box 9569 Stn Prov Govt

Victoria BC V8W 9K1

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

**Community Living British Columbia** (“CLBC”) 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)

**understanding that CLBC may have possession of the following types of records relating to me,**

* **Eligibility**
* **Assessment**
* **Planning**
* **Service Provider (Agency) Records**

**do hereby authorize CLBC to disclose the following records relating to me** (please initial in the appropriate place and identify the relevant date range)

DATE RANGE

Eligibility recordsYES \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment recordsYES \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planning Records YES \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Records YES \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 purposes** (describe the purpose of the disclosure) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**My date of birth is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My contact phone number is:**

**This consent is for one time only and expires on:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Print name of witness Print name of CLBC client

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

Signature of witness Signature of CLBC client

To: **Information Access Operations**

PO Box 9569, Stn Prov Govt

Victoria BC V8W 9K1

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

The **Ministry of Education and Child Care** (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:**

**Affordable Child Care Benefit (formerly called Child Care / Day Care Subsidy) records**

(ACCB / DSfile contains basic information related to child care subsidy. Documents on file may be T4s, pay cheque stubs, letters to indicate school enrolment, copies of identification, child care provider’s information such as location and costs, etc.)

**For the following date range:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the following person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**for the following purposes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(describe the purpose of the disclosure)

**My date of birth is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My contact phone number is:**

**This consent is for one time only and expires on:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Print Name of Witness Print name of Ministry client

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

Signature of Witness Signature of Ministry client