File: 292-40/[REQUESTNUMBER]

Your File: [CUSTOMFIELD60]

[TODAYDATE]

Sent via email: [RQREMAIL]

[ADDRESS]

Dear [REQUESTERNAME]:

**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 [REQUESTEDDATE]. We understand your request to be for a copy of your client’s *[REQUESTDESCRIPTION]*.

The documentation you provided has expired. 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.

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

Authorization for Release of Records

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.

*Please make additional copies as needed.*

To: **Information Access Operations**

PO Box 9569 Stn Prov Govt

Victoria BC V8W 9K1

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

The **Ministry of Children and Family Development** (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)*

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

* **Child service (CS) and family service (FS) files** – these types of files contain a wide variety of information including, but not limited to: personal history (familial, criminal, drug/alcohol issues, abuse (present or past), intake and investigations (reporter, collateral and interview information), legal/court agreements, financial documents, external assessments and reports, medical history, internal assessments and service plans, reviews, adoptions, general correspondence, social worker notes, family group conferencing and mediation. These types of files can also contain electronic media including audio and video tapes and CDs.
* **AH** - adoption home study information compiled in the process of approving a home to adopt a child.
* **AP** - post-adoption assistance services provided to families after an adoption has taken place.
* **VAN-AA** - agency amendments regarding changes made to an adoption.
* **VAN-CAS/ VAN-CCAS** (Vancouver Children’s Aid Society/ Vancouver Catholic Children’s Aid Society) - information compiled if a child was a ward of either of these organizations.
* **PABS** - post adoption brief services provided to someone after an adoption has taken place.
* **RE** – Resource (foster parent) files contain background information about the foster parent, information submitted to MCFD by the foster parent about themselves or their foster children, financial information, homestudy, annual reviews, critical incidents, protocol reviews, contracts, follow-up reports, interviews, letters, respite documents, case notes, emails, running records as well as licensing and financial documents.
* **CT** – contract information for each child that a foster parent has/ had in their home.
* **CYMH** – child mental health records such as referrals, meetings, diagnoses, medical history and intervention, recommendations.

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

*(please initial in the appropriate place and identify the relevant date range)*

**DATE RANGE – MM/DD/YYYY**

CS records YES \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

FS records YES \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

AH Records YES \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

AP Records YES \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

VAN AA records YES \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

VAN-CAS/ VAN-CCAS records YES \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

PABS records YES \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

RE records YES \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

CT records YES \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

CYMH records YES \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_

Or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(otherwise describe the records to be released)*

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

*(full name and complete physical/mailing address of the 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