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 BC Public Service Agency 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]*.

The BC Public Service holds records for current and former BC government employees. In order to identify the records you are requesting, please provide the following information: DESCRIBE ADDITIONAL INFORMATION NEEDED.

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

PSA - 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.

To: **Information Access Operations**

PO Box 9569, Stn Prov Govt

Victoria BC V8W 9K1

**FOR RELEASE OF RECORDS held by:**

The **BC Public Service Agency** and **Workplace Health and Safety** 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 BC Public Service Agency and Workplace Health and Safety to disclose the following records relating to me,** (please specify the records and provide associated date ranges)

**RECORDS DATE RANGE**

BC government staff employment records \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_

BC government employee payroll records \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_

BC government employee occupational health records \_\_\_\_\_\_\_\_\_\_\_\_ 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)** (describe the purpose for the disclosure)**:**

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

My date of birth or employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
My phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 client

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

Signature of witness Signature of client