

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 ☐ Yes ☐ 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.