



438 Laurier Boulevard, Brockville, ON K6V 6C5

PHONE: 613-498-2100

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## Request for Access to Records of Personal Information

**DATE OF REQUEST:** \_\_\_\_\_

### PART A: Contact Information of Requester

Current Legal Name:	First Name:
Maiden Name (or other Surname):	Middle Name:
Date of Birth:	
Address:	
City:	Province:
Postal Code:	Country:
E-mail Address:	Telephone (H):
Telephone (W):	Telephone (Cell):

Attach proof of identification if possible (birth certificate, driver's licence, health card etc. – if you do not have identification please contact our Privacy Lead who will assist you)

### PART B: Records Requested

Have you received services from FCSSLG?  Yes  No

Is your request for use in a legal proceeding such as a custody/access proceeding or criminal proceeding?  Yes  No

I am seeking records regarding:

- Myself
- My child(ren):

\_\_\_\_\_  
Full Name DOB

\_\_\_\_\_  
Full Name DOB

\_\_\_\_\_  
Full Name DOB

Do you have custody of your children?  Yes  No

Time frame of records request? \_\_\_\_\_

Please check which of the following records you are requesting:

- Intake Cases
- Ongoing summaries
- Investigation summaries
- Safety Assessments
- Risk Assessments
- Outcome Plans
- Contact Logs
- Correspondence
- Fax Cover Sheets
- Signed Consents
- 3<sup>rd</sup> Party Reports/Assessments
- Access Notes
- Court Documents
- Agreements
- Financial Records (ie. Greenshield; Drives etc.)
- Case Management

Do you wish to meet with a child protection worker for support to review your record?

- Yes       No

If not, how do you wish to receive your record(s)?

- Secure e-mail
- USB
- Disc
- Paper

How do you wish the record to be delivered?

- Pick up at \_\_\_\_\_
- Purolate
- Mail

Is there urgency to your request? (Explain)

- Yes       No