



Access to Personal Information and Disclosure Request Form (Non-Adoption Disclosure Requests)

My name is _____

I am:

- A parent/caregiver currently involved with this agency
- A parent/caregiver formerly involved with this agency
- A child currently involved with this agency
- Formerly involved with this agency as a child
- A lawyer representing (*also check above applicable box*)

My full mailing address (*incl. postal code*) is:

My telephone/text number
is _____

My fax number is _____

My email address is _____

I ask that Family & Children's Services of Guelph and Wellington County provide me with personal information regarding (*check all that apply*):

- Myself/My client
- My child(*ren*)/My client's child(*ren*)
Insert names and dates of birth _____
- Other (*specify*) _____

I am requesting the following:

- Documents that may summarize the nature of FCSGW involvement
(fastest)
- Documents regarding the following event or date (*please be specific*): _____

- All Information held by FCSGW
- Other (specify) _____

If applicable: If I am seeking information regarding persons other than myself, this is why I seek it(*check all that apply*):

- For use in preparing a Legal case with this agency
- For use in preparing a Legal case not involving this agency
- For use in preparing a social work assist for the Office of the Children's Lawyer
- I want information held by this agency regarding myself or my children
- I have a Court Order for disclosure (*attach copy of Order*)
- Other (specify): _____

If I am requesting records regarding children, the children are:

- In my/my client's sole care under a Court Order (*attach copy of Order*)
- In my/my client's joint care under a Court Order (*attach copy of Order*)
- There is no Court Order but the children have been living with me/my client since: _____
- The Court Order granted someone else custody but the children have been living with me/my client since: _____
- There is a Court Order granting me access to the children (*attach copy of Order*)
- Other (specify): _____

I want:

- Someone to provide me with the information verbally
- A paper copy
- A digital copy readable by Adobe Acrobat
- No preference

(If applicable): I ask that the disclosure be provided before my next Court date which is:

Attached is the express written, voluntary consent of the adult persons whose information I seek. If the persons are currently under 16 years of age, I have attached the express written voluntary consent of the persons' custodian.

Attached is the express written, voluntary consent of any child aged 12 years or older regarding the release of any mental health records regarding said child.

By making this request, I understand as follows:

- ✓ **FCSGW records are highly confidential due to the sensitive family nature of the information often contained within.**
- ✓ **There are legal reasons why FCSGW might not be able to provide me with the information but I understand that FCSGW will inform me why the information cannot be provided in whole or part.**
- ✓ **If I have not attached the required consents and/or orders, any records provided may be redacted without further notice to me to protect the privacy of those who have not consented to release.**
- ✓ **If I have omitted information on this form, the request might not be processed without any further notice to me.**
- ✓ **Requests for information held by other children's aid societies must be made directly to such agencies.**
- ✓ **If I am a lawyer and do not pay the fee, if one is applicable, FCSGW may charge interest on the unpaid fee at an amount in FCSGW's sole discretion and/or refuse to fulfill further disclosure requests from me until all arrears are paid in full.**

If I have made a request for the disclosure of another person's information, I agree as follows:

- ✓ **I will respect the privacy of those persons referred to in the records.**
- ✓ **I will not publicize the records in any manner unless to an Ontario Court of Justice.**
- ✓ **If I am a lawyer requesting these records and I will be sharing the contents of the disclosure with my client, I agree to review these conditions with the client.**
- ✓ **I will pay the specified fee for the records.**
- ✓ **If I am not a lawyer, I understand that I will be asked to pay the fee *in advance or at the time of delivery*.**

When any disclosure is prepared per this request, staff will contact you using the contact information you have provided on this form.

Signature: _____ **Date:** _____

For Office Use Only (*Complete and Forward this section to finance*)

File name:

File Number:

Request received from:

Request received on:

Request fulfilled on:

Disclosure prepared by:

Page Count:

Time Spent Preparing Disclosure:

Invoice to be mailed to: