

Access to Records consent

I, _____ Date of Birth: _____
(Present Full Name) (Month/Day/Year)

Past/Other Names (Birth Name, Married Names, Other Names)

of _____
(Current Address – Street, Apt./Suite No., City, Postal Code)

Individuals have a right to access the records of their personal information related to the provision of service to them that is in the agency’s custody and control.

Disclosure refers to providing personal information that has been collected for the purpose of providing a service to a third party (to someone other than the individual to whom the information relates).

I hereby consent to a search being conducted of the records of Simcoe Muskoka Family Connexions regarding myself. In order to share information contained in a record that involves other caregivers or children deemed to have the capacity to consent to the release of their personal information, a consent signed by the other parties is required.

My access request is as follows:

- I am seeking a Child Welfare Record Check only
- I am seeking a summary letter outlining my opening and closings with Simcoe Muskoka Family Connexions
- I am seeking my adoption records
- I am seeking access to my record with Simcoe Muskoka Family Connexions
- I am seeking information collected during the following time periods _____ to _____

If you are seeking personal information regarding children in the record, please indicate any custody/access arrangements with respect to the children:

My child/ren’s name(s):

Child’s Name: _____ D.O.B.: _____
(Month/Day/Year)

Child’s Mother’s Maiden name: _____

Child’s Name: _____ D.O.B.: _____
(Month/Day/Year)

Child’s Mother’s Maiden name: _____

Child’s Name: _____ D.O.B.: _____
(Month/Day/Year)

Child’s Mother’s Maiden name: _____

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Previous Places of Residence:

I have lived in the following places since I reached the age of 18 years or became a parent, whichever first occurred (if more space is needed, please use page 2):

City, Province, Country	Dates – (from – to)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that some Ontario Children’s Aid Societies are using CPIN (Child Protection Information Network) as their documentation system. I understand that when an agency using CPIN searches for my record, it will find records of my involvement with other Ontario Children’s Aid Societies also using CPIN. Simcoe Muskoka Family Connexions will only provide access to records in their custody and control. If records of another CAS are found, request for access must be sought from that agency.

Records over 100 pages will be provided on a computer disk. If you require records in an alternate format please indicate the requested format:

Signature: _____

Date: _____ Contact Phone #: _____
Month/Day/Year

This consent expires on: