

Request for Access

Instructions on completing this form

1. If you need help completing this form, ask the staff member providing you service or contact us using the information below.
2. Please include a photocopy of government-issued identification. We may also require you to show your ID to us during a video call or in person.
3. If you are not the client and
 - a. MNO has already verified that you are the substitute decision maker – Complete the form as normal and provide your government-issued identification. We may also require you to show your ID to us during a video call or in person.
 - b. MNO has not already verified that you are the substitute decision maker – Contact us as below.
4. Ontario law allows MNO to charge a small fee for clients obtaining a copy of information. MNO will inform you before providing you with the information if we are going to charge the fee. We normally only do this if its lots of information.
5. Provide the completed form and copy of identification to the MNO staff member providing you with service or send it to:

Privacy Officer
Suite 1100, 11th Floor
66 Slater Street
Ottawa, ON, K1P 5H1
Email: privacy@metisnation.org
Phone: 613-798-1488
Toll Free Phone: 1-800-263-4889

Since email is not the most secure way of sending information, you can also send information through mail. The response will take a bit longer. If you decide to email us or ask us to email you, you should take steps such as password-protecting your phone and email.

Fee Schedule for Requests for Access

MNO typically does not charge a client to provide them with their information and is unable to charge a fee for information regulated by CYFSA. However, in cases where MNO anticipates charging the client due to the cost associated with responding to the request, MNO will estimate a fee aligned with the below:

No more than \$30 in total for processing the response and providing the first 20 pages of information.

Additionally, MNO may charge for the following:

Item	Maximum Fee
For making and providing photocopies or computer printouts of a record	25 cents for each page after the first 20 pages
For making an electronic copy (e.g., USB key)	\$10
For reviewing the information to determine whether access should be refused	\$45 for every 15 minutes after the first 15 minutes
For supervising examination of original records	\$6.75 for every 15 minutes

Client information

This information is to help identify the client in our database.

<i>Pronouns:</i>	
<i>First name:</i>	<i>Last name:</i>
<i>DOB (mm/dd/yyyy):</i>	<i>Contact information:</i>

Person making the request

If you are not the client, provide the following information. You will need to be registered with MNO as the person's substitute decision maker.

<i>Pronouns:</i>	
<i>First name:</i>	<i>Last name:</i>
<i>DOB (mm/dd/yyyy):</i>	<i>Contact information:</i>

Information being requested

Describe what information you would like. For example, you might ask for all information MNO has about you or information from a specific service or date.

<i>Information being requested:</i>

Contacting you

Provide us with a phone number to reach you and an address if it is not the same as above.

Contact information:

Permission to leave voicemail

If we are unable to reach you by phone, can we leave a voicemail?

- ☐ Yes, MNO may leave a voicemail.
- ☐ No, do not leave a voicemail.

Provide any other instructions about leaving a voicemail (e.g., not with a person if the phone is answered; only electronic).

Signature

By signing below, you are verifying that you are the client or their substitute decision maker with the right to make this request.

Signature:

Date (mm/dd/yyyy):

Name: