COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

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F 604-733-3503

300–669 Howe Street
Vancouver BC V6C 0B4
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cpsbc.ca

Freedom of Information Request

CONTACT INFORMATION

First name: _____ Last name: _____

Phone: _____ Email: _____

REQUEST INFORMATION

How would you like to access the records?

◯ Email—ensure email field is filled out above

◯ Mail

Address: _____

City: _____ Province: _____ Postal code: _____

Describe the records you are requesting—be as specific and detailed as possible.

Note: If you are requesting personal information, provide the full name of that person and any other names or identifiers used previously. If you are requesting someone else's personal information, attach either that person's signed consent for disclosure or proof of authority to act on their behalf; information will not be provided without signed consent or proof of authority.

Date range of records: _____

Provide any additional information (e.g. CPSID, file number, reference number, etc.) that may apply.

SIGN-OFF

Signature: _____ Date: _____

Please return this form by:

MAIL Records, Information and Privacy
College of Physicians and Surgeons of BC
300–669 Howe Street
Vancouver BC V6C 0B4

FAX 604-733-3503

EMAIL privacy@cpsbc.ca

The College of Physicians and Surgeons of BC (CPSBC) collects, uses, discloses, stores, and retains personal information under the legal authority of the *Freedom of Information and Protection of Privacy Act* (*FIPPA*), RSBC 1996, c.165 and the CPSBC Bylaws made under the *Health Professions and Occupations Act* (*HPOA*), SBC 2022, c.43.

The personal information collected on this form is permitted under sections 26(c) and (e) of *FIPPA* for the purpose of processing your FOI request.

If you have any questions or concerns about CPSBC privacy practices, please email privacy@cpsbc.ca.