

Access to Information Request Form

Use this Access to Information Request Form if you are requesting information from RHRA, including:

- Records containing your Personal Information or Personal Health Information (e.g. a health record about you collected during an RHRA inspection; a complaint form you filed with RHRA).
- Information that is public under the *Retirement Homes Act, 2010* and is on the [Retirement Homes Database](#).
- Information that may be disclosed to you under section 113 of the *Retirement Homes Act, 2010*, including if you are a regulator, a peace officer, or a consumer protection entity.

Submit the completed Form along with relevant attachments to info@rhra.ca.

RHRA will carry out requests for access to information according to RHRA's [Access and Privacy Code](#). RHRA may disclose information if doing so is permitted under section 113 of the *Retirement Homes Act, 2010*. RHRA does not share information that is requested for commercial purposes, or if an exemption to access set out in the Access and Privacy code applies.

Within 30 days of receiving a written Access to Information Request Form, RHRA will contact you. RHRA will provide an estimated time for a formal response to the request. The amount of time to process the request depends on several factors including the completeness of the Form, the complexity of the request, and RHRA resources.

You may include attachments when you submit the Access to Information Request Form. If you are requesting Personal Information or Personal Health Information, please include relevant documents confirming your identity and that you are authorized to receive the information.

After processing the request, RHRA will grant some or all of the request or provide you with a written notice denying the request. If the request is denied, the requester may ask for a review of the decision according to RHRA's [Privacy and Access to Information Review Procedure](#).

Please note, all questions are mandatory unless otherwise indicated.

1. Requestor Information

Name of Requestor:

Role/Title (if applicable):

Name of Organization (if applicable):

Address:

Phone:

Email:

2. Information being requested

- a. Are you requesting Personal Information or Personal Health Information?
- Yes
 - No
- b. If yes, does the Personal Information or Personal Health Information relate to you or someone whose consent you have to obtain it?
- Yes
 - No
 - N/A
- c. Please list the information you are requesting.

3. Purpose of request

If you are not requesting Personal Information or Personal Health Information, please explain the purpose of your request.

4. Access to information

If you are not requesting Personal Information or Personal Health Information, who will have access to the information being disclosed and any analysis you conduct using the information?