BC NURSES' UNION
Standing up for health care

PRIVACY ACCESS REQUEST FORM

Personal Information

Last Name:	**First Name:**	
Address:		
City:	**Province:**	**Postal Code:**
Daytime Number:	**Evening Number:**	
Fax Number:	**Email Address:**	

Your Request

What kind of information are you requesting to access?

- ❑ Personal
- ❑ Request a correction to personal information

About the Information:
Please provide as much detail as possible about the information that you are requesting to access:

_____

_____

_____

_____

What is the time period of the records? (Please provide specific dates)

Fees

The following fees will apply:

- A charge of $0.20 cents per page for each copied document in excess of 30 pages.
- A labour fee may be charged for labour intensive requests.
- A fee estimate will be provided.
- A 25% deposit may be required.
- Documents will be released once fees are received.

Please Note

Information will be provided as per BCNU Policy:
6.0.12 Privacy – Non-Disclosure of Information - Members

Your Signature

Signature: **Date:**

Return completed form to:

BC Nurses' Union
4060 Regent Street, Burnaby, BC V5C 6P5

Attention: Privacy Officer

FOR OFFICE USE ONLY	
Date Received:	**Comments:**