



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

Street Address: Unit Number:
City: Province: Postal Code:

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

Date range of records:

SIGN-OFF

Signature (type or print and sign in ink): Date:

Please return this form by one of the following:

Email: foi@cchpbc.ca

Fax: 604.608.9726

Mail: Privacy and Information Access
College of Complementary Health Professionals of BC
900 – 200 Granville Street
Vancouver, BC, V6C 1S4

Personal information on this form is collected under the *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c.165 and will be used only for the purpose of responding to your request. If you have any questions about the collection or use or disclosure of this information, please contact the CCHPBC Privacy Officer at foi@ccchpbc.ca.