



Personal Information Access Request Form

The purpose of this form is to formally request access to personal information held by HSA and protected under the *Personal Information Protection Act*. HSA takes measures to ensure that the personal information it collects is both accurate and appropriately safeguarded. If you require access to your personal information, please complete this form and submit to the attention of the HSA Privacy Officer.

Name (please print name in full)

Member ID # (if known)

Job Title & Place of Work

() _____

Daytime Contact Phone Number

Address you would like HSA to use when responding to your request

1. What specific personal information would you like to access?

(please tick the general category box, and then provide specific details to assist HSA in conducting a thorough records search for the information you are requesting)

- Membership _____
- Staff _____
- Grievance _____
- WCB _____
- LTD _____
- Benefits _____
- Arbitration _____
- Classifications _____
- Return to Work _____
- Finance (i.e. expense claims) _____
- Publications (i.e. interview or article) _____
- Other _____

2. Why are you requesting this access? (HSA will respond based on your requirements)

- I'm no longer a member/staff and would like my personal information removed from HSA records :
- I wish to have the requested information returned to me; or
 - I want HSA to destroy my information and provide me with written confirmation that it has been done.
- I would like a copy for my own records :
- Please mail me a copy of the requested information.
 - Please contact me when I may pick up a copy of my requested information.
 - Please contact me for other instructions.
- I may need to update my personal information in HSA records but I don't know if my information is outdated.
- Please have a staff member who handles the information in the category I have
 - Please mail me a copy of the requested information.
 - Please contact me when I may pick up a copy of my requested information.
 - Please contact me for other instructions .
- Other _____

I understand that HSA will make every effort to respond to my access request within 30 days of receipt of this form, or provide me with a written explanation if there is any reason why it cannot respond within that time. In order to protect my privacy HSA may contact me to verify my identity before disclosing the information requested in this form.

Requestor Signature

Date (Month/Day/Year)

Please submit this completed Personal Information Access Request form directly to the attention of the **HSA Privacy Officer** at:

180 East Columbia Street
New Westminster, BC V3L 0G7

or

facsimile: 604-515-8889 / 1-800-663-6119
email: privacy@hsabc.org

*** Privacy Statement**

The HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information please contact the HSA Privacy Officer.

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