



The Protecting Children (Information Sharing) Act INFORMATION REQUEST FORM

To be used by Service Providers when they are seeking Personal Information (including Personal Health Information) under *The Protecting Children (Information Sharing) Act* (PCISA) from another Service Provider or a Trustee.

SECTION 1: ORGANIZATION REQUESTING INFORMATION							
Name of Organization:	Date of Request: DD / MM / YYYY						
<input type="checkbox"/> This organization is a Service Provider as defined by the PCISA (check the type of Service Provider): <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> a Manitoba government department</td> <td><input type="checkbox"/> a school division, school district or private school</td> </tr> <tr> <td><input type="checkbox"/> a child and family services agency or authority</td> <td><input type="checkbox"/> a police service or the RCMP</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> a person or organization that receives funding from the Manitoba government or a Manitoba government agency to provide services or benefits for a <i>Supported Child</i>*</td> </tr> </table>		<input type="checkbox"/> a Manitoba government department	<input type="checkbox"/> a school division, school district or private school	<input type="checkbox"/> a child and family services agency or authority	<input type="checkbox"/> a police service or the RCMP	<input type="checkbox"/> a person or organization that receives funding from the Manitoba government or a Manitoba government agency to provide services or benefits for a <i>Supported Child</i> *	
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<input type="checkbox"/> a person or organization that receives funding from the Manitoba government or a Manitoba government agency to provide services or benefits for a <i>Supported Child</i> *							

*Definition provided on page 3 of this form

SECTION 2: SPECIFIC PERSON REQUESTING INFORMATION			
Name:		Position:	
Tel:	Fax:	Email*:	
Address:		City:	Postal Code:

* Some Trustee organizational policies may restrict the emailing of identifiable Personal Health Information

SECTION 3: INFORMATION IS BEING REQUESTED ON THE FOLLOWING INDIVIDUAL			
First Name:		Middle name:	Surname:
Address:		City:	D.O.B.: DD / MM / YYYY
<input type="checkbox"/> This individual is a Supported Child		<input type="checkbox"/> This individual is a Parent/Guardian of a Supported Child	

SECTION 4: INFORMATION
Please specify the information being requested <u>and</u> the purpose for which the information is required: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

**This request is valid for one time only.
Service providers seeking additional or follow-up information will be required to submit a new form.**

SECTION 5: AUTHORIZATION

In submitting this form, I **affirm that**:

- I am authorized to make this request
- the information requested is for the purpose of providing or planning for the provision of services or benefits to a Supported Child as defined in the PCISA
- the requested information is the minimum amount necessary for this purpose
- collection of the information is in the best interests of the Supported Child, and
- the information will only be used and disclosed where authorized or required by law

Name (print):

Signature:

INTERNAL USE ONLY

(to be used for tracking purposes by the organization receiving this request)

Received by:

Date Received: DD / MM / YYYY

Requested information provided: Date provided: DD / MM / YYYY
Method provided (ex: mail, fax):

Requested information provided **in part** – Explanation:

Requested information **not** provided – Explanation:

In providing this information, I **affirm that**:

- where available, the information includes relevant information about the strengths of the Supported Child (and his or her parent(s) or guardian(s) where applicable)
- the disclosure of information is in the Supported Child's best interests
- the information is relevant for the purpose it was requested for
- the information is limited to the minimum amount of information necessary for the purpose
- the information is not inaccurate or misleading, and
- the sharing of this information is not explicitly prohibited by another law, including *The Child and Family Services Act* (Manitoba) and the *Youth Criminal Justice Act* (Canada)

Name (print):

Signature:

Once completed, this form may be retained as part of the permanent record of the subject individual.

More specific information on The Information Sharing (Protecting Children) Act can be found online at:
<https://www.gov.mb.ca/informationsharingact/>