CNPBC COLLEGE OF NATUROPATHIC PHYSICIANS OF BRITISH COLUMBIA

FREEDOM OF INFORMATION REQUEST

Privacy and Security

The information you provide here relates to the operations of the College of Naturopathic Physicians of British Columbia (the "College") under the *Health Professions Act* of British Columbia for the purpose of regulating the practice of naturopathic medicine in British Columbia. As a public body under the provisions of the *Freedom of Information and Protection of Privacy Act (FOIPPA)*, the College provides security and confidentiality of your personal information

CONTACT INFORMATION			
First Name(s):	Middle Name(s):	Last Name(s):	
Address:			
City:		Prov./Terr.:	Postal Code:
Home Phone:	Cell:	Email:	

Request for Information

1. Would you like the records provided to you by mail or electronically?

2. What is the date range for the records you are requesting?

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3. Describe the records you are requesting. Be as specific and detailed as possible.[1]

4. Provide any additional information that may apply, in the box below.

Signature

Signature: _____ Date:_____

Please return this form to CNPBC by:

Fax (604) 688-8476 **Email** office@cnpbc.bc.ca

Mail Suite 840 – 605 Robson Street
Vancouver BC V6B 5J3

[1] NOTE: if you are requesting personal information, provide the full name of that person and any other names or identifies previously used. If you are requesting someone else's personal information, attach either that person's signed consent for the disclose or proof of authority to act on their behalf. Information will not be provided without signed consent or proof of authority.