

	Document Title Access Record Form	NAF-0057 (0.0)
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- Information on this form is collected according to NADOC-0041, Nanostics Privacy Policy and will be used to respond to your request. Use this form to request personal or health information for yourself or for someone else.
- Requests and questions can be submitted in-person or by email at privacy@nanosticsdx.com. Locations/times for in-person form submissions may be arranged through email. Additional privacy risks exist for submitting data via email.
- **If the request is not from a Nanostics email address, all submissions require a clear copy of valid identification (ID) including one of the following:**
 - One (1) piece of photo ID (e.g., driver's licence, passport, identification card), **or**
 - Two (2) pieces of ID without a photo (e.g., health care card, birth certificate, marriage certificate)
- If ID is provided by email, except Brightsquid Secure Mail, please submit the ID in a separate email from the original request.
- Copies of ID will be destroyed in a confidential and secure manner when the request is processed.

Who is requesting this information?

- I am requesting information about myself (Complete page 1)
 I am requesting information about someone else (Complete pages 1 and 2)

Individual that the information belongs to

Last Name	First Name
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Date of Birth

Requestor Information

Last Name <input type="checkbox"/> Same as above	First Name <input type="checkbox"/> Same as above
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Mailing Address

City or Town	Province or State	Postal code or Zip code
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Telephone number (XXX) XXX-XXXX	E-mail address <input type="checkbox"/> Same as above
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Requestor's Signature	Date
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Requested Information

What records do you want to access? Please give as much detail as possible. Additional information attached.

What is the time period of the records you want to access? E.g., January 1, 2017 to August 31, 2020

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Complete this page **only when you are requesting someone else's information.**

What is your relationship with the individual that the information belongs to?

What is the reason for accessing this information?

What is your authority to access the information of this individual?

If applicable, provide any relevant legal documentation to support your claim to access the individual's personal or health information.

Documentation attached supporting claim to access this individual's information.

For Nanostics' Privacy Officer or Designated Privacy Representative

Request ID AR-	Date form was received
Name of individual processing request	Date record was provided to requestor

Comments regarding processing request Additional information attached.

Signature