

Authorization of Representative

This form permits the delegation of a representative to look after a senior's Alberta Seniors Benefit and Special Needs Assistance for Seniors affairs under the *Freedom of Information and Protection of Privacy Act*. The form must be completed and include the following:

- The senior's Personal Health Number (PHN).
- The senior's signature.
- The signature of one witness, other than the representative.

If the senior wishes to have his/her mail from Seniors Services Division, directed to the representative's address, they should check off "yes" after the question on the form. This is optional.

The senior must choose between the following two categories of authorization:

All my rights under the *Freedom of Information and Protection of Privacy Act* is a blanket authorization which literally delegates all rights including the right to give consent to third party collection of personal information, correction of information on files, and the disclosure of personal information to a third party. It also means the public body only need inform the representative (not the senior) of any collection of personal information.

This blanket authorization may be appropriate for seniors who would like a representative to handle all of their affairs.

My right to access all my files containing personal information in all categories of personal information. This gives the representative the right to access the files, but does not authorize them to correct information on the file or to consent to the collection or disclosure of the senior's personal information to a third party.

This authorization allows a knowledgeable person to look into the senior's affairs and assist him/her when required.

A senior may wish to limit access to a specific category of personal information (e.g., income information) or to a specific question. To do so, the senior should write to Alberta Seniors Benefit specifying these limitations.

The personal information collected on this form is being collected for the purpose of permitting the disclosure of your personal information to an authorized person. Collection of this information is authorized by the *Freedom of Information and Protection of Privacy Act*, sec. 40(1)(c).

For further information on the collection, use, protection and disclosure of your personal information, you can contact Seniors Services Division, PO Box 3100, Edmonton, Alberta T5J 4W3.
Telephone 1-877-644-9992 or in Edmonton 780-644-9992

Seniors Financial Assistance Programs

Personal Health Number: _____

File ID: _____

Authorization of Representative

I, _____, living at _____

in the city of _____ in the province of Alberta

authorize _____ relationship: _____

living at _____ in the city of _____

in the province of _____ postal code _____ phone no. _____

as my personal representative to act on my behalf.

Please forward all my Seniors Program Delivery Branch mail to designate listed above:

Yes ____ / No ____

I hereby authorize my personal representative to have the following rights (check one of the following):

- checkbox All my rights under the Freedom of Information and Protection of Privacy Act.
checkbox My right to access all my files containing personal information in all categories of personal information.

This authorization will be in effect until revoked, in writing, by me.

Signed by: _____ in the presence of:

(senior)

(date)

Witness:

(not the Representative)

(print name)

(phone number)

(Witness' signature)