

Completing the Authorization of Representative Form

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*.

If a senior wishes to have mail from the Seniors Program Delivery Branch directed to their representative's address, they should check "yes" on the form. This is optional.

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

1. **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.
2. **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 them 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 the Alberta Seniors Benefit program specifying these limitations.

Please return the completed form using one of the following options:

Online: www.seniors-housing.alberta.ca/submit-documents/

By fax: 780-422-5954

By mail: Ministry of Seniors, Community and Social Services
PO Box 3100 Edmonton Alberta T5J 4W3

For more information on seniors programs, please visit www.alberta.ca/seniors-financial-assistance.aspx or call the Alberta Supports Contact Centre toll free at 1-877-644-9992.

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, please contact Seniors, Community and Social Services.

The form should include the following information:

- The senior's Personal Health Number (PHN).
- The senior's signature.
- The signature of one witness, other than the representative.
- Digital signatures are not accepted.

Personal Health Number:

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 representative listed above:

Yes No

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

- All my rights under the *Freedom of Information and Protection of Privacy Act*.
- 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