

AUTHORIZATION TO ACT AS A REPRESENTATIVE FOR AN INDIVIDUAL IN A COMPLAINT

*Right to Information and Protection of Privacy Act
Personal Health Information Privacy and Access Act*

I,

(name of individual)

authorize

(name of representative)

to act as my sole representative for the purposes of my complaint to the Office of the Ombud for New Brunswick, Access and Privacy Division, under the *Right to Information and Protection of Privacy Act* and the *Personal Health Information Privacy and Access Act* in relation to a matter concerning:

(name of public body or custodian)

I understand that by appointing a representative, all of my communications with the the Office of the Ombud for New Brunswick, Access and Privacy Division, will be made exclusively through my representative.

I also understand that, as a result of this authorization, my representative will have the authority to make decisions on my behalf with respect to my complaint.

I authorize the Ombud (and staff at the Access and Privacy Division) to disclose to my representative personal information pertaining to me as may be necessary to process my complaint.

Contact information of representative:

Representative's group or organization (if applicable)

Mailing address

Telephone number

Fax number

Email address

Individual's Signature

Date (dd/mm/yyyy)