



PERSONAL INFORMATION ACCESS REQUEST FORM COLLECTED, USED, STORED, SHARED, AND DISCLOSED

by Physio + Mobile

OBJECT: Request for access to my personal information

To whom it may concern,

In accordance with Article 27 of the Private Sector Privacy Act (Law 25 in Quebec), I wish to obtain access to the list of personal information collected, disclosed, or accessed about me by Physio + Mobile. Please check the desired information below:

- A copy of my client file
- A copy of my consent for the collection and retention of my personal information
- A copy of the personal information about me
- A copy of the privacy incident log concerning me
- Other : _____

I acknowledge that Physio + Mobile has 30 days from the receipt of this request to respond. The absence of a response within the next 30 days will be considered a refusal to respond to this request, and I may therefore initiate proceedings with the Access to Information Commission (CAI).

Additionally, I acknowledge that your company may require minimal fees for the production of a copy of the requested documents.

Thank you, please accept my regards.

Applicant's signature

Applicant's full name

Applicant's home address

Applicant's phone number

Applicant's email adress

Date