



Freedom of Information (FOI) Access Request Form

Persons making a request for access to information under the *Freedom of Information and Protection of Privacy Act (FIPPA)* are required to pay a \$5.00 application process fee; cheque or money order can be made payable to the Huron Perth Healthcare Alliance.

Request for (check one only): <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to own Personal Information <input type="checkbox"/> Correction of own Personal Information *Do not use this form for requesting records of Personal Health Information		
Last Name:		
First Name:		Middle Name:
Street, address, apartment:		
City/Town:	Province	Postal Code:
Telephone Number(s): Day:	Evening:	Cell:
Email (optional):		
If request is for access to, or correction of, own personal information records: Last name appearing on records <input type="checkbox"/> same as above, or:		
Detailed description of requested records, personal information or personal information to be corrected: (if you are requesting access to or correction of your personal information, please identify the record containing the personal information, if known.)		
Note: if you are requesting a correction of personal information, please state the desired correction and, if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.		
Preferred method of access to records: <input type="checkbox"/> examine original <input type="checkbox"/> receive copy	Signature:	Date:
For Hospital Use Only		
Date Received:	Request Number:	Comments:

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Information & Privacy Office of the Huron Perth Healthcare Alliance 519-272-8210 Ext. 2736