

Access / Correction Request

Freedom of Information and Protection of Privacy Act

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|--|---------------|-------------|--|-------------------|----------------|
| Part 1 | | | | | |
| Request for | | | Payment Amount | | |
| <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information | | | A \$5.00 application fee is required for each request. Payment may be made by mail or in person at Georgian Bay General Hospital, 1112 St. Andrew s Dr. P.O. Box 760 Midland, ON L4R 4P4 Make your cheque or money order payable to Georgian Bay General Hospital | | |
| Part 2 Requester's Information | | | | | |
| Last name | | First name | | Middle initial | |
| Unit number | Street number | Street name | | | |
| City/Town | | Province | | Postal code | |
| Telephone number | | | E-mail address | | |
| ▶ () | ext. | | ▶ | | |
| Detailed description of requested records, personal information requested or personal information to be corrected | | | | | |
| Note: If you want a correction of personal information, please describe the correction you want and attach any supporting documents you may have. You will be told if the correction is not made and you may attach a statement of disagreement to your personal information. | | | | | |
| Preferred method of access to records | | Signature | | Date (yyyy/mm/dd) | |
| <input type="checkbox"/> Examine original <input type="checkbox"/> Receive copy | | | | | |
| Personal information contained on this form is collected pursuant to the <i>Freedom of Information and Protection of Privacy Act</i> and will be used for the purpose of responding to your request. | | | Office Use Only | | |
| | | | Date received (yyyy/mm/dd) | | Request number |
| | | | Comments | | |