

Access / Correction Request

Freedom of Information and Protection of Privacy Act

Part 1				
Request for <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information	Payment Amount 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 <input type="checkbox"/> Examine original <input type="checkbox"/> Receive copy		Signature		Date (yyyy/mm/dd)
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				