



**Access/Correction PI Request Form**  
*Freedom of Information and Protection Privacy Act (Ontario)*

**How to submit:** Mail or deliver completed form with original signature to the Information and Privacy Office. As a formal **D) request is not complete until the original form with signature and \$5.00 fee are received**, e-mails and faxes are not acceptable. Extra charges may apply for the processing of the request.

<b>A)</b> 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:		Hospital Department(s) holding requested record(s), if known:	
If request is for access to, or correction of, own personal information records(s): Last name appearing on records(s): <input type="checkbox"/> same as below			
Details:			
<b>B)</b> Last Name                      First Name                      Middle Name		<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr  <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	
Name of company or organization (if applicable)			
Address (Street/Apt.No./P.O.Box/R.R.No.)		City/Town	Province      Postal Code
E-mail Address	Telephone Number(s): Day: (   )		Evening: (   )
Detailed description of requested records(s) or record(s) to be corrected, including the time period of the search required, if known. FIPPA requires that a request provide sufficient detail to enable an experienced employee to identify the record(s) requested. Please attach additional pages if more space is required. <b>C)</b>			
Note: If you are requesting access to, or correction of, your own personal information, please identify the record(s), if known: If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation.			
Preferred method of access to record(s)  <input type="checkbox"/> Examine original  <input type="checkbox"/> Receive copy		Signature:                      Date:	
For Institution Use Only			
Date received: (dd/mm/yyyy)	Request number:		Fee received:  <input type="checkbox"/> Cheque or money order payable to "Blind River District Health Centre"

Personal information provided by you is collected and used for the purpose of responding to your request. Questions about this collection should be directed to the Privacy Office.

## **Instructions for Completing Access or Correction Request**

### **Informal Access to Records**

Many records of public institutions are available to you without making a request under the *Freedom of Information and Protection of Privacy Act* or contact the Privacy Officer at the Blind River District Health Centre to determine whether you need to make a formal request.

#### **A. Type of Request**

- Check the box that indicates what you are requesting. (Records that do not contain personal information are general records).
- The Privacy Officer is required to verify your identity before giving you access to your own personal information.
- If you are requesting another person's personal information records, you must provide proof that you have the authority to act on their behalf (e.g., power of attorney, guardian or trusteeship order).

#### **B. Requester's Information**

- Please ensure that you have entered your name, address and telephone numbers accurately.

#### **C. Description of Records or Correction Requested**

- Provide as much detail as possible about the requested general records, own personal information, other's personal information or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form.
- If you are requesting personal information records, provide the name that should appear on them.
- Specify the time period for the records as precisely as possible, e.g., from 2008/07/21 to 2009/11/30. NOTE: Records created prior to January 2007 are not subject to FIPPA, with some exceptions: i.e.: if a record created by another institution prior to 2007 and is photocopied and becomes part of our record in 2008, then this record is subject to FIPPA.
- If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with.
- Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

#### **D. Payment and Signature**

- A \$5 application fee is required. Cash payments must be made in person. Make cheques payable to the Blind River District Health Centre. The payee for Government of Ontario ministries is the Minister of Finance.
- Sign and date the form and mail it or submit it in person to the institution that holds the records. Additional fees may apply for processing of the request.