



Request for Freedom of Information and Protection of Privacy Act (FIPPA)

NOTE: This form is for a formal request for information under FIPPA and not a request for, or consent of, personal health or employment information. For personal health information, contact Health Records and for personal employment information, contact Human Resources.

Request for:	Payment: A \$5.00 non-refundable application fee is required for all access requests. Other applicable search fees may also apply.
<input type="checkbox"/> Access to general records (non-personal information)	
<input type="checkbox"/> Access to own personal information	<input type="checkbox"/> \$5.00 cheque enclosed
<input type="checkbox"/> Access to other's personal information (attach authority)	<input type="checkbox"/> \$5.00 cash (in person only)
<input type="checkbox"/> Correction of own personal information	

If request is for access to, or correction of own personal information records: Last name appearing on records:

same as below, or ►

Requester:

Last Name:	First Name:	Middle Name:	Title:
			<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.
			<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.

Address:

City/town:	Province:
Postal Code	Telephone Number(s): Home/Cell:
	Work/Alternate Number(s):
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Detailed description of requested records or personal information records:

If you are requesting access to or correction of your personal information, please identify the personal information, bank or records containing the personal information, if known. If you are requesting a correction of personal information, please indicate the desired correction. Attach a separate sheet if space is not sufficient.

Time frame of search:

Records dated from: _____ through to _____ or to date this request received.

Preferred method of access to records:	Signature:	Date:
<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy		

For Geraldton District Hospital Use Only		
Date Received	Request Number	Comments

Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to Geraldton District Hospital, Privacy Officer, 500 Hogarth Ave. West, Geraldton ON, P0T 1M0 (807) 854-1862, ext 102.