



FIPPA Request Form

Freedom of Information and Protection of Privacy Act

Request for: ↑ Access to General Records ↑ Access to Own Personal Information ↑ Correction to Own Personal Information	Send \$5.00 application fee and form to: Freedom of Information Coordinator Hanover & District Hospital 90-7 th Avenue, Hanover, ON N4N 1N1
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If request is for **access to**, or **correction of**, own personal information records:

Last name appearing on records: ↑ same as below, or: _____

↑Mr. ↑Mrs. ↑Ms. ↑Miss Last Name: _____

First Name: _____ Middle Name: _____

Address: (Street/Apt. No./P.O. Box/ R.R.#) City/Town _____

Province: _____ Postal Code: _____

Telephone Number (Day): _____ Telephone Number (Evening): _____

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 personal information bank or record containing the personal information, if known.)

Note: If you are requesting a correction of personal information, please indicate 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 ↑ Examine Original Of access to records: ↑ Receive Copy	Signature: _____	Date: _____
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For Institution Use Only:

Date Received	Request Number:	Comments:
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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 Freedom of Information Coordinator at Hanover & District Hospital.