

Freedom of Information and Protection of Privacy Act (FIPPA)

Request for:		Send \$5.00 application fee and form to:
 Access to General Records (\$5.00 application fee) 		Freedom of Information Coordinator
Access to Own Personal Information		Hanover & District Hospital
Correction to Own Personal Information		90-7 th Avenue, Hanover, ON, N4N 1N1
If request is for access to, or correction of	of, own personal inf	ormation records:
Last name appearing on records: same a	s below, or:	
☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss		
Last Name:	_ First Name:	Middle Name:
Address: (Street/Apt. No./P.O. Box/ R.R.i	#) City/Town _	
Province:	Postal Code	::
Telephone Number (Day): Telephone Number (Evening):		
personal information, if known.)		
	notified if the correc	please indicate the desired correction, and if appropriate, attach ction is not made and you may require that a statement of
Preferred method of access to	Signature:	Date:
records:	oignature.	
☐ Receive Copy	Witness:	Date:
For Institution Use Only:	Danis at November	Comments
Date Received:	Request Number:	Comments:
		nt to the Freedom of Information and Protection of Privacy Act
·		Questions about this collection should be directed to the
Freedom of Information Coordinator at Han	over & District Hospi	tal