



Access Request Form

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

Listowel Memorial Hospital

1. Type of Request

- Access to general records (non-personal information)
 Access to own personal information

2. Requestor's Information

Last Name _____ First Name _____
Unit/Apt No _____ P.O. Box _____
Street Number, Name _____
City/Town _____ Province _____ Postal Code _____
Home Phone () _____ Cell Phone () _____
Day time Phone () _____ Ext _____

3. Description of Request (Please provide a specific description of the records.)

Time Period of Records (if known): from _____ to _____
(yyyy/mm/dd) (yyyy/mm/dd)

4. Payment and Signature

\$5 application fee _____ Cheque _____ Cash (in person only)

Signature _____ Date _____
(yyyy/mm/dd)

Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used to answer your request.

Instructions for Completing Access or Correction 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 FOI Coordinator is required to verify your identity before giving you access to your own personal information.

B. Requester's Information

Please ensure 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. 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).

D. Payment and Signature

A \$5 application fee is required. Cash payments must be made in person.
Make cheques payable to the Listowel Memorial Hospital.
Sign and date the form and mail it or submit it in person to:

Listowel Memorial Hospital
Attention: FIPPA Coordinator
255 Elizabeth St. E.
Listowel, ON N4W 2P5