



Request Form

Under the Freedom of Information and Protection of Privacy Act (FIPPA)

Please note: a \$5 application fee is required for all requests made under FIPPA (FIPPA s.24)

Request for: <input type="checkbox"/> Access to Personal Information (relating to you) <input type="checkbox"/> Access to General records (relating to CGMH and affiliates) *Access to Own Personal Information (see below) **Correction to Own Personal Information (see below)	Name of Institution request made to: Collingwood General and Marine Hospital 459 Hume Street Collingwood, ON L9Y 1W9 Attn: Regional Privacy Office
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If request is for access to your own Personal Health Information records, please contact the Collingwood General and Marine Health Records Department at 705-445-2550 ext 8275

For assistance please contact the Regional Privacy Office at 705-445-2550 ext 8705

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other _____ First Name: _____ Middle Name: _____ Last Name: _____ Preferred Telephone Number: () _____	Address: (Street/Apt. No./P.O. Box/R.R. No.) _____ City/Town: _____ Province: _____ Postal Code: _____
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Please provide a detailed description of the records you are requesting.

Preferred method of access to records:	<input type="checkbox"/> Receive Copy <input type="checkbox"/> Other	Signature: _____	Date: _____
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By signing this form you acknowledge that Personal Information contained on this form will be collected pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for the purpose of responding to your request. You also acknowledge that a representative of the Privacy office may contact you at the provided number for more information as it relates to this request.

If you have any questions, or require assistance completing this form, please call 705-445-2550 ext 8705.

For Privacy Office Use Only

Date Received:	Request Number:	Comments: