

# Information Access/Correction Request Form

under the *Freedom of Information and Protection of Privacy Act*

**Please Note: A \$5.00 application fee is required for all requests**  
**Please Note: This form is not to be used for requests for medical information (PHI)**

<b>Request for:</b> <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	<b>Name of Institution request made to:</b> Health Sciences North   Horizon Santé-Nord Freedom of Information Office, Information Technology Dept 865 Regent Street South Sudbury, ON P3E 3Y9
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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: \_\_\_\_\_

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last Name: _____
First Name: _____	Middle Name: _____
Address: (Street/Apt. No./P.O. Box/R.R. No.) _____	City/Town: _____
Province: _____	Postal Code: _____
Telephone Number (Day): (    ) _____	Telephone Number (Evening): (    ) _____

Detailed description of requested records, personal information or personal information to be corrected:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

<b>Preferred method of access to records:</b> <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature: _____	Date: _____
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For Institution Use Only		
Date Received:	Request Number:	Comments:
<small>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 Health Sciences North   Horizon Santé-Nord, 41, chemin du lac Ramsey Lake Road, Sudbury, ON P3E 5J1, Tel.: (705) 523-7100.</small>		