

North Bay Regional Health Centre

Request for Access or Correction to a Record *Freedom of Information and Protection of Privacy Act (FIPPA)*

Type of Request made to North Bay Regional Health Centre:

- Access to general records** (*non-personal information*)
- Access to own personal information** (*verification of identity required prior to receiving access*)
- Access to other person's personal information by authorized party** (*attach proof of authority, e.g. Power of Attorney, guardian or trusteeship order*)
- Correction of own personal information**
- Other:**

| Requester's Information | | | |
|---|----------------------------|------------------------------------|-----------------------------------|
| Title (<i>optional</i>) | Last Name | First Name | Middle Name |
| Last name appearing on records, if different from above: | | | |
| Unit/Apt. No. | Street No. | Street Name | PO Box |
| City/Town | | Province/Country | Postal Code |
| Day Phone No. () | Alternate Phone No. () | Fax No. (<i>optional</i>) () | Email Address (<i>optional</i>) |
| Description of Records or Correction Requested (Please provide as much detail as possible as the search is based on your description. If you are requesting access to or correction of personal information, identify the personal information bank or record, if known. If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach copies of any supporting documentation. You will be notified if the correction is not made.) | | | |
| Check if: <input type="checkbox"/> Description continued on separate page <input type="checkbox"/> Supporting documentation attached | | | |
| Timeframe of records: Records dated from _____ to _____. | | | |
| Preferred Method of Access: <input type="checkbox"/> Receive Copy <input type="checkbox"/> Examine Original (on site only) | | | |
| Signature: | | Date: | |
| Payment: A \$5.00 non-refundable application fee is required for all access requests. <input type="checkbox"/> Cash (in person only) <input type="checkbox"/> Cheque* <input type="checkbox"/> Money order* (*Payable to: North Bay Regional Health Centre) | | | |
| Submit request in person or by mail to: North Bay Regional Health Centre, FOI Coordinator, 50 College Drive, North Bay, Ontario P1B 5A4 | | | |
| For North Bay Regional Health Centre Use Only | | | |
| Date request received | Request No. | Date fee received | Date of response |
| Comments: | | | |

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for the purpose of responding to your request. Questions should be directed to the Freedom of Information Coordinator at North Bay Regional Health Centre.