



Request for Access under the Freedom of Information and Protection of Privacy Act (FIPPA)

A. Type of Request	
Request For: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to own Personal Information <input type="checkbox"/> Access to Other's Personal Information (attach authority)	A \$5.00 non-refundable Application Fee is required for all requests. <input type="checkbox"/> cheque <input type="checkbox"/> money order <input type="checkbox"/> cash (in person only) Cheques and money orders should be made payable to Santé Manitouwadge Health.

B. Requestor's Information			
Last name	First Name		Middle Initial
Unit/Apt. No.	Street Address		P.O. Box
City/Town		Province	Postal Code
Home Phone No. (include area code)		Business/Cell/alternate phone no. (include area code)	

C. Description of Records Requested
Timeframe of search: Records dated from _____ to _____ or <input type="checkbox"/> to date request received

D. Signature	
Signature	Date (dd/mm/yyyy)

E. Hospital Use Only		
Date Received	Request No.	Comments

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 Santé Manitouwadge Health.



INSTRUCTIONS FOR COMPLETING ACCESS REQUEST FORM

Many records of Santé Manitouwadge Health are available to you without making a formal request under the Freedom of Information and Protection of Privacy Act. Please visit our website for publicly available documents or contact the Freedom of Information Coordinator to determine whether you need to make a formal 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 Freedom of Information Coordinator is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (i.e., power of attorney, guardian or trustee order).

Note: This form is for a formal request under FIPPA and not a request for personal health information (i.e. Medical Records). For personal health information please contact Health Records.

B. Information

Please ensure you have entered your name, address and phone numbers accurately.

C. Description of Records

Provide as much detail as possible about the requested records. If you need more space, use a separate piece of paper and attach with this form.

If you are requesting personal information records, provide the name that should appear on them.

Specify the time period of the records as precisely as possible.

D. Signature

Sign and date the form and mail or submit in person along with your \$5.00 application fee to:

Freedom of Information Coordinator
Santé Manitouwadge Health
Bag 1
1 Health Care Crescent
Manitouwadge, ON
P0T 2C0

For more information or assistance please contact Santé Manitouwadge Health's Freedom of Information Coordinator:

Phone: 807-826-3251
Fax: 807-826-3701
Email: tmalakoff@mh.on.ca