


**WOODSTOCK HOSPITAL**

Woodstock, ON

## REQUEST FORM TO ACCESS INFORMATION AND CORRECTION OF PERSONAL INFORMATION

**Please Note:** A \$5.00 application fee is required to process all requests (cheque or money order, payable to Woodstock Hospital)

**Request for (cheque one only):**

- Access to General Records
- Access to own Personal Information
- Correction of own Personal Information

**If the request is for access to, or correction of, own personal information records:**

Last name appearing on records:

 Same as below, or:
   
\_\_\_\_\_

Last name:

First name:

Middle name:

Street, address, apartment:

City/town:

Province:

Postal code:

Day: \_\_\_\_\_

Telephone number: Evening: \_\_\_\_\_

Email (optional):

Detailed description of requested records, personal information or personal information to be corrected: (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the personal information, if known.)

**Note:** If you are requesting a correction of personal information, please state 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.

**Preferred method of access to records:**

- Examine Original
- Receive Copy

Signature:

Date:

**For Institution Use Only:**

Date Received:

Request Number:

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act [http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900460\\_e.htm](http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900460_e.htm) and will be used for the purpose of responding to your request. For more information, please go to [www.ipc.on.ca](http://www.ipc.on.ca)