

Appendix A: Request for Access to Records

Freedom of Information and Protection of Privacy Act

Please Note: A \$5.00 application fee is required for all requests

Cheques or money orders should be made payable to: Peterborough Regional Health Centre

Your Name					
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
			<input type="checkbox"/> Miss <input type="checkbox"/> Other:		
Your Address					
Street, Apt. #, P.O. Box		City/Town	Province/Country	Postal Code	
Your Contact Information					
Day Phone Number		Alternate Phone Number		Email (optional)	
Request Category					
<input type="checkbox"/> Access to General Records		<input type="checkbox"/> Access to Personal Information		<input type="checkbox"/> Correction of Personal Information	
Details of Requested Information					
Information Requested (Please describe the records you are requesting. Be as specific as possible, as this will assist the request process. Attach a separate sheet if the space below is not sufficient.)					
Are you requesting access to another person's personal information? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, please attach (as appropriate):					
a) That person's signed consent for disclosure, or					
b) Proof of authority to act on that person's behalf					
Confirmation of identity provided by requester of Personal Information:					
Preferred method of access to records:		Your Signature		Date Signed (YYYY MM DD)	
<input type="checkbox"/> Receive Electronic Copy					
<input type="checkbox"/> Receive Paper Copy					
<input type="checkbox"/> Examine Original at Hospital					
For Peterborough Regional Health Centre (PRHC) Use Only					
Request Number:		Comment			
Date received (YYYY MM DD):		Received by (Office):			

- You may make a request for information without using this form, provided you do so in writing.
- Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used only for the purpose of responding to your request. If you have any questions about the process please contact the Freedom of Information office at fippa@prhc.on.ca or 705-743-2121 x. 3856
- A \$5.00 application fee is required to process all requests subject to FIPPA (cheque or money order payable to the Peterborough Regional Health Centre)
- Pursuant to FIPPA, fees may be charged for activities required to process your request. For more information visit our website at www.prhc.on.ca or contact the Freedom of Information Office at fippa@prhc.on.ca.

