

Information Access/Correction Request Form
 Freedom of Information & Protection of Privacy Act (FIPPA)

Please Note: There is a \$5.00 non-refundable application fee that must accompany a request to initiate processing

An access/correction request for information will be processed in accordance with the fees and time limits set out in the *Freedom of Information and Protection of Privacy Act* and regulations.

(See reverse side)

PART A: To be completed in full by the Requester

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

Directed to:

Windsor Regional Hospital - Health Record
 Release of Information Clerk
 1995 Lens Ave,
 Windsor, ON
 N8W 1L9

If request is for **access to**, or **correction of** own personal information records, indicate if the last name appearing on records is: same as below or:

Contact Information

Last Name	First Name	Middle Name
Street Address	City/Town	Province
Postal Code	Telephone Number (Day):	Telephone Number (Evening):

Details of Request

Detailed description of requested records, personal information records or correction of personal information:

Preferred method of access to records: <input type="checkbox"/> Receive Copy <input type="checkbox"/> Examine Original	Signature:	Date Submitted:
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PART B: For Office Use Only

Date Fee Received:	Request Number:
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Personal information contained on this form is collected under section 17 of the Freedom of Information and Protection of Privacy Act, and will be used to respond to your request. Questions about this collection may be directed to the Freedom of Information Coordinator at Windsor Regional Hospital, 1995 Lens Ave, Windsor, ON N8W 1L9