



Freedom of Information Request Form

under the *Freedom of Information and Protection of Privacy Act* **Please Note: A \$5.00 application fee is required for all requests Please Note: This form is not to be used for requests for medical information (PHI)**

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information (PI) (<i>not medical records</i>) <input type="checkbox"/> Other	Name of Institution request made to: Timmins and District Hospital Freedom of Information Requests, Attn: Privacy Officer, 700 Ross Avenue East Timmins, ON P4N 8P2
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If request is for access to, your own personal information records:

Last name appearing on records: same as below, or: _____

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Last Name: _____
First Name: _____	Middle Name: _____
Address: (Street/Apt. No./P.O. Box/R.R. No.) _____	City/Town: _____
Province: _____	Postal Code: _____
Telephone Number (Day): () _____	Telephone Number (Evening): () _____

Detailed description of requested records, personal information:

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

Date Received: _____	Request Number: _____	Comments: _____
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Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for responding to your request. Questions about this collection should be directed to the Privacy Officer at Timmins and District Hospital, 700 Ross Avenue East, Timmins, ON P4N 8P2 Tel.: (705) 267-6338.