

**Freedom of Information and Protection of Privacy Act (FIPPA)**

<b>Request for:</b> <ul style="list-style-type: none"> <li>Access to General Records (\$5.00 application fee)</li> <li>Access to Own Personal Information</li> <li>Correction to Own Personal Information</li> </ul>	<b>Send \$5.00 application fee and form to:</b> Freedom of Information Coordinator Hanover & District Hospital 90-7 <sup>th</sup> Avenue, Hanover, ON, N4N 1N1	
If request is for <b>access to</b> , or <b>correction of</b> , 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"/> Miss Last Name: _____ First Name: _____ Middle Name: _____ Address: (Street/Apt. No./P.O. Box/ R.R.#) _____ City/Town _____ Province: _____ Postal Code: _____ Telephone Number (Day): _____ Telephone Number (Evening): _____		
<b>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.)</b> _____ _____ _____ _____		
<b>Note: If you are requesting a correction of personal information, please indicate 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.</b>		
<b>Preferred method of access to records:</b> <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	<b>Signature:</b> _____ <b>Witness:</b> _____	<b>Date:</b> _____ <b>Date:</b> _____
<b>For Institution Use Only:</b>		
<b>Date Received:</b> _____	<b>Request Number:</b> _____	<b>Comments:</b> _____
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 Hanover & District Hospital		