

## FREEDOM OF INFORMATION REQUEST

**Requesting access to:**

- General Records  
 Personal Records  
 Correction to Own Personal Information

Please print and sign your completed form, and mail it along with your \$5.00 application fee.

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

Last name appearing on records:  same as below, or: \_\_\_\_\_

Mr.    Mrs.    Ms    Miss

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 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 person information, if known).

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**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>Preferred method of access to records:</b>	<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

Personal information on this form is collected and used for the purpose of responding to your freedom of information request, pursuant to the Freedom of Information and Protection of Privacy Act. Questions about this collection can be directed to The Office of Access and Privacy at [privacy@oakvalleyhealth.ca](mailto:privacy@oakvalleyhealth.ca).