



Four Counties Health Services site
 1824 Concession Drive
 Newbury ON N0L 1Z0
 519 693-4441

Strathroy Middlesex General Hospital site
 395 Carrie Street
 Strathroy ON N7G 3J4
 519 245-1550
 www.mhalliance.on.ca

Request Form

under the *Freedom of Information and Protection of Privacy Act*

Please Note: A \$30.00 application fee is required for all requests.

Request for:
 Access to General Records Access to Own Personal Information Correction to Own Personal Information

Last name:		
First name:	Middle name:	
Street, address, apartment:		
City/town:	Province:	Postal code:
Telephone number: day _____ evg _____	Email (optional):	
If request is for access to, or correction of, own personal information records: Last name appearing on records same as above, or _____		

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.)

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.

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

For Institution Use Only		
Date Received:	Request Number:	Comments

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal 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 and Privacy Co-ordinator at the institution where the request is made.