

Request for Access/Correction of Information

If you have any questions or need assistance completing this form,
please call (705) 942-4646 ext. 3248 or email privacy@algomapublichealth.com

- Request for:**
- Access to Own Personal Information
 - Correction Own Personal Information
 - Access to General Records (A \$5.00 applicable fee is required for all requests for access to general records under the *Municipal Freedom of Information and Protection of Privacy Act*)

1. Person Requesting Information

Last Name: _____ First Name: _____ Initials: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone: _____ Email: _____

2. Name of Record Being Requested For

Last Name: _____ First Name: _____ Date of Birth: _____
(if substitute decision maker): _____ (YYYY/ MM/ DD)

3. Information Being Requested (please print)

Provide a detailed description of information or correction requested.

Note: If you are requesting a correction of 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.

4. Requestor Signature

Requestor Signature/Substitute Decision Maker _____ Date of Request: _____
(YYYY/ MM/ DD)

You will be required to provide government issued photo Identification to satisfy health information access.

The personal information contained on this form is being collected in order to process your request for information in compliance with the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990* and the *Personal Health Information Protection Act, 2004, S.O. 2004*. This information will be used to process the request for information and if necessary to complete statistical reporting required by the Information and Privacy Commission of Ontario. Questions about this collection should be directed to the Privacy Officer at the