

Please see instructions on page 2 before filling out this form.

A. Type of Request

- Access to general records (non-personal information)
- Access to own personal information
- Access to other's personal information by authorized party
- Correction of own personal information

B. Requester's Information

Last Name		First Name		Middle Initial
Unit/Apartment Number	Street Number	Street Name		PO Box
City/Town			Province	Postal Code
Home Phone Number (include area code)		Business Phone Number (include area code and extension)		
Mobile Phone Number (include area code)		Email Address		

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

Last name appearing on records: Same as above; Other:

To help us locate your records, please indicate the relationships you currently have or have had formerly with Hotel Dieu Shaver Health and Rehabilitation Centre (check all that apply)

- | | | |
|-----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Student | <input type="checkbox"/> Physician | <input type="checkbox"/> Other: |

C. Description of Records or Correction Requested

Time period of the records From (yyyy/mm/dd) To (yyyy/mm/dd)		Preferred method of access <input type="checkbox"/> Receive copy <input type="checkbox"/> Examine original (on site only)
---	--	---

D. Payment and Signature

\$5.00 application fee enclosed <input type="checkbox"/> Cheque <input type="checkbox"/> Cash (in person only)	Signature	Date (yyyy/mm/dd)
---	-----------	-------------------

Personal information on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act, s. 24* and will be used to answer your request. Questions about this collection should be directed to the FOI & Privacy Coordinator at Hotel Dieu Shaver Health and Rehabilitation Centre, 541 Glenridge Avenue, St. Catharines, ON L2T 4C2 Tel: (905) 685-1381 Ext: 85323

E. Institution Use Only

Date received (yyyy/mm/dd)	Request Number	Comments
----------------------------	----------------	----------

Instructions for Completing Access or Correction Request Form

Informal Access to Records

Many general hospital records are available to you without making a request under the Freedom of Information and Protection of Privacy Act (FIPPA). Contact the FOI & Privacy Office (complete address below) to determine whether you need to make a formal request.

A. Type of Request

Check the box that indicates what you are requesting. Records that do not contain personal information are general records. This request form does not apply to records of personal health information as defined by the Personal Health Information Protection Act (PHIPA); requests for access to records of personal health information should be directed to the Health Records Department.

The FOI & Privacy Coordinator is required to verify your identity before giving you access to your own personal information. If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g. power of attorney, guardian, or trusteeship order).

B. Requesters Information

Please ensure you have entered your name, address, and telephone numbers accurately.

C. Description of Records or Correction Requested

Provide as much detail as possible about the requested general records, own personal information, other's personal information, or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them and identify the personal information bank or record containing the personal information, if known. Specify the time period for the records as precisely as possible, e.g. from 2008/07/21 to 2009/11/30.

If you are requesting correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with.

Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

D. Payment and Signature

A \$5.00 application fee is required. Cash payments must be made in person. Make cheques payable to Hotel Dieu Shaver Health and Rehabilitation Centre.

Sign and date the form and mail it or submit it in person to the FOI & Privacy Office (complete address below).

For additional information, please contact the FOI & Privacy Office.

FOI & Privacy Office
Hotel Dieu Shaver Health and Rehabilitation Centre
541 Glenridge Avenue
St. Catharines, Ontario
Canada, L2T 4C2

Telephone: (905) 685-1381 ext. 85229
Fax: (905) 688-9905