FIPPA Access Request Form

Under the Freedom of Information and Protection of Privacy Act/ Municipal Freedom of Information and Protection Act Please Note: A \$5.00 application fee is required for all requests.

Request for:	Request made to:	
Access to General Records		
Access to Own Personal Information	RED LAKE MARGARET COCHENOUR MEMORIAL HOSPITAL	
Correction to Own Personal Information		

If request is for **access to,** or **correction of,** own personal information records: Last name appearing on records: \Box same as below, or: _____

🗆 Mr. 🗆 Mrs. 🗆 Ms. 📄 Miss	
First Name:	Address: (Street/Apt. No./ Box/ R.R. No)
Middle Name :	
Last Name :	City/Town:
Telephone Number (Day) :	Province:
Telephone Number (Evening) :	Postal Code:

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).

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	Examine Original	Signature:	Date:
Of access to records:	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 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 coordinator at the institution where the request is made.					