Services de santé de Chapleau Health Services

Request for General or Personal Information (Page 1 of 2)

Please note: A $5.00 application fee must accompany this form.

This is a request for:
- ❑ Access to General Information
- ❑ Access to my own Personal Information
- ❑ Correction of my own Personal Information

Part A: Information About the Person or Organization Requesting Information

Company Name (if applicable)

Last Name | First Name | Initials

Mailing Address – Box, Street and City | Province | Postal Code

Daytime Phone Number | Evening Phone Number

Part B: Information About the Requested Records

Please provide a detailed description of the general or personal information requested.

Preferred method of access to requested records:
- ❑ Examine original
- ❑ Receive copy of original

The personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used to respond to your request for information. Questions about this collection should be directed to Services de santé de Chapleau Health Services' Privacy Officer.

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Part C: Correction of Records

If you are requesting a correction of personal information, indicate the desired correction, attaching any supporting documentation.

Do you require Services de santé de Chapleau Health Services to notify any individuals to whom this personal information has been released during the past year of the correction?

❑ Yes ❑ No

In the event that your request for correction is not granted, you may prepare a statement of disagreement in relation to the subject personal information. Do you require Services de santé de Chapleau Health Services to notify any individuals to whom this personal information has been released during the past year of the statement of disagreement?

❑ Yes ❑ No

Signature Date

Return completed form and application fee to:
Services de santé de Chapleau Health Services
6 Broomhead Road, Box 757
Chapleau, Ontario P0M 1K0
Attention: Privacy Officer

Please make cheque payable to Services de santé de Chapleau Health Services.

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