

Request Form

Under the Freedom of Information & Protection of Privacy Act/
Municipal Freedom of Information & Protection of Privacy Act



Please note: A \$5 application fee is required for all requests. Please mail completed request form and make cheque payable to Norfolk General Hospital

Request for:

- Access to General Records
- Access to Own Personal Information
- Correction of own personal information

Name of Institution request made to:

Norfolk General Hospital
365 West Street Simcoe, ON
N3Y 1T7
(519) 426-0130 x 1491

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

Last name appearing on records: same as below, or: _____

- MR. Mrs. Ms. Miss

City/Town

First Name

Province

Postal Code:

Last Name:

Telephone (day)

Middle Name:

Telephone (night)

Please provide detailed description of requested records, personal information or personal information to be corrected. Additional fees may apply to requests involving large volumes of records or record searches.

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 statement of disagreement be attached to your personal information.

Signature:

Date:

For Institution Use Only

Date Received:

Request Number

Comments: