Request Form

Under the Freedom of Information and Protection of Privacy Act (FIPPA)
Please note: A $5.00 application fee is required for all requests

Request for:	**Name of Institution request made to:**
☐ Access to General Records **Access to Own Personal Information (see below) **Correction to Own Personal Information (see below)	Royal Victoria Regional Health Centre Attn: Privacy Coordinator Health Information Management Department 201 Georgian Drive Barrie, ON L4M 6M2

****If request is for access to, or correction of own personal information records, please contact Release of Information at 705-728-9090 x42563**

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

Detailed description of requested records,
_____
_____
_____
_____
_____

Preferred method of access to records:	☐ Examine Original ☐ Receive Copy	Signature:	Date:

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 (FIPPA) and will be used for the purpose of responding to your request.

If you have any questions, or require assistance completing this form, please call 705-728-9090 ext. 42537.