

Request Form

Under the Freedom of Information and Protection of Privacy Act (FIPPA)

Please note: a \$5 application fee is required for all requests made under FIPPA (FIPPA s.24)

Request for: Access to Personal Information (relating to you) Access to General records (relating to RVH and affiliates) *Access to Own Personal Information (see below) **Correction to Own Personal Information (see below)	Name of Institution request made to: Royal Victoria Regional Health Centre 201 Georgian Drive Barrie, ON L4M 6M2 Attn: Regional Privacy Office
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**If request is for access to your own Personal Health Information records, please contact
Release of Information at 705-728-9090 ext 42563**

For assistance please contact the Regional Privacy Office at 705-728-9090 ext 42537

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other - _____ First Name: _____ Middle Name: _____ Last Name: _____ Preferred Telephone Number: () _____	Address: (Street/Apt. No./P.O. Box/R.R. No.) _____ City/Town: _____ Province: _____ Postal Code: _____
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Please provide a detailed description of the records you are requesting.			
Preferred method of access to records:	<input type="checkbox"/> Receive Copy <input type="checkbox"/> Other - _____	Signature: _____	Date: _____

By signing this form you acknowledge that Personal Information contained on this form will be 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. You also acknowledge that a representative of the Privacy office may contact you at the provided number for more information as it relates to this request.

If you have any questions, or require assistance completing this form, please call 705-528-9090 ext 42537.

For Privacy Office Use Only		
Date Received:	Request Number:	Comments: