Freedom of Information Access/Correction Request Form

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| Submit this form to the Freedom of Information Office at the above address along with your $5 application fee (cheque payable to Alexandra Marine and General Hospital, or you may provide credit card information on the application form, below). If you have questions or have not received a telephone call from us within 10 days of your request, please call 519-524-8689, ext. 5271. |

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| Request for: ❑ Access to General Records ❑ Access to Own Personal Information❑ Correction to Own Personal Information |

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| Please print clearly First Name: Last Name:  Address (Street/Apt. No./PO Box/R.R.No):  City/Town/Provice: Postal Code:  Telephone (day): ( ) Email:  Alternate Telephone Number(s): ( ) |

Provide a detailed description of requested records, personal information, or personal information to be corrected. If you are requesting a correction of personal information, please describe the desired correction, and attach any supporting documentation. **Note:** if you are requesting access to your own personal information, you will need to show a signed form of photo identification to FOI Office staff.

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| Preferred Method of Access to Records (check one):❑ paper ❑ electronic (CD-ROM) ❑ examine records at the hospital |

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| Date: Requester’s Signature: (dd/mm/yyyy) |

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| For Alexandra Marine and General Hospital (AMGH) Only | | |
| Date Received | Request Number | Comments |

Date:

First Name: Last Name:

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| Payment Information:❑ Cheque for $5 payable to Alexandra Marine and General Hospital, attached❑ Please charge $5 to my credit card (check one): ❑ Amex ❑ MasterCard ❑ Visa Credit card holder’s name:  Credit Card number:  Security code (found on back of card) 3 digit security code for Visa and MasterCard, 4 digit security code for Amex:  Expiry date (mm/yy): |