



**DEEP RIVER &
DISTRICT HEALTH**

Freedom of Information Access/Correction Request Form

Submit this form to the Freedom of Information Office at 117 Banting Drive, Deep River, along with your **\$5 application fee** (cheque payable to Deep River and District Health, 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 the Privacy Officer at 613-584-3333 ext. 7150.

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

Please print clearly

First Name: _____ Last Name: _____
Address (Street/Apt. No./PO Box/R.R.No): _____
City/Town/Province: _____ 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.

Preferred Method of Access to Records (check one):

paper electronic (CD-ROM) examine records at the hospital

Date: _____ Requester's Signature: _____
(dd/mm/yyyy)

For Deep River and District Health (DRDH) Only		
Date Received	Request Number	Comments

Date: _____

First Name: _____

Last Name: _____

Payment Information:

Cheque for \$5 payable to Deep River and District Health, 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): _____

Signature of Card Holder Authorization: _____