

## FOI ACCESS REQUEST FORM

### Freedom of Information and Protection of Privacy Act (FIPPA)

<b>Please complete the following information:</b>				
Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information		Please note: A \$5.00 non-refundable application fee is required for all requests. <input type="checkbox"/> \$5.00 fee paid		
If request is for access to own personal information records: Last name appearing on records: <input type="checkbox"/> same as below    or    ►				
<b>Details:</b>				
Last Name		First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
<b>Address:</b> Street/ Apt No./ P.O Box NO./ RR NO. :				
City or Town:		Province:		
Postal Code	Telephone Number(s): (1) Home/Cell:		(2) Work Number:	
Detailed description of requested records or personal information records. (If you are requesting access to your personal information, please identify the personal information bank or records containing the personal information, if known.)				
Preferred method of Access to Records <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy		Signature:	Date:  Day/ Month/ Year	
<b>FOR SLMHC USE ONLY</b>				
Date Received  Day/ Month/ Year	Request Number	Comments		

**Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Coordinator of Health Information & Privacy, 1 Meno Ya Win Way, Sioux Lookout, Ontario, P8T 1B4, Phone: (807) 737-6551, Fax: (807) 737-6265 E-mail: [privacy@slmhc.on.ca](mailto:privacy@slmhc.on.ca)**