



Access/Correction Request

Freedom of Information and Protection of Privacy Act

Part 1

Request for

- Access to General Records
- Access to Own Personal Information
- Correction of Own Personal Information

Payment Amount

A **\$5.00** application fee is required for each request. Payment may be made by mail or in person at Haliburton Highlands Health Services, Box 115, 7199 Gelert Road, Haliburton, ON K0M 1S0. Make your cheque or money order payable to Haliburton Highlands Health Services.

Part 2 Requester's Information

Last name		First name		Middle initial
Unit number	Street number	Street name		
City/Town		Province		Postal code
Telephone number		E-mail address		
▶ ()		▶ ext.		

Detailed description of requested records, personal information requested or personal information to be corrected

Note: If you want a correction of personal information, please describe the correction you want and attach any supporting documents you may have. You will be told if the correction is not made and you may attach a statement of disagreement to your personal information.

Preferred method of access to records <input type="checkbox"/> Examine original <input type="checkbox"/> Receive copy	Signature	Date (yyyy/mm/dd)
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The *Freedom of Information and Protection of Privacy Act* will be used for the purpose of responding to your request.

Questions about this collection should be directed to the Freedom of Information & Privacy Co-ordinator,
 Haliburton Highlands Health Services
 7199 Gelert Road, Box 115, Haliburton, ON K0M 1S0
 Telephone: 705-457-1392 ext. 222

Office Use Only

Date received (yyyy/mm/dd)	Request number
Comments	