

Access or Correction Request Form MFIPPA and PHIPA

Request for: (Please check.) Copy and paste this checkmark if completing form electronically.

- | | |
|---|--|
| <input type="checkbox"/> Access to General Records | <input type="checkbox"/> Access to Own Personal Health Information |
| <input type="checkbox"/> Access to Own Personal Information | <input type="checkbox"/> Correction of Own Personal Health Information |
| <input type="checkbox"/> Correction of Own Personal Information | |

If request is to see or correct personal or personal health information:

Last name appearing on records: same as below or ➔ _____

Last Name	First Name	Middle Name
-----------	------------	-------------

Address (Street/Apt. No./P.O. Box/R.R. No.)	City or Town	Province
---	--------------	----------

Postal Code	Telephone	Area Code	Telephone	Area Code
	Day ➔		Night ➔	

Please describe in detail the records you would like to see and/or correct:

Note: If you would like to correct a record, please indicate what you would like changed and attach any supporting documents, if necessary. You will be told if the correction will not be made so that you may attach a statement of disagreement to the record.

Would you like to <input type="checkbox"/> Look at original <input type="checkbox"/> Receive a copy	Signature	Date <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> </table>	Day	Month	Year
Day	Month	Year			

For Office Use Only

Date received <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Day</td> <td style="width: 33%;">Month</td> <td style="width: 33%;">Year</td> </tr> </table>	Day	Month	Year	Request Number	Comments
Day	Month	Year			

The personal information on this form is being collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Any questions about the collection of this information should be directed to the MFIPPA Coordinator at the Kingston, Frontenac and Lennox & Addington Public Health, 221 Portsmouth Avenue, Kingston, Ontario, 613-549-1232 or 1-800-267-7875.