



# St. Francis Memorial Hospital

Chief Privacy Officer  
Box 129  
Barry's Bay, Ontario  
K0L 1B0

Phone: (613) 756-3044 ext 242

## Access Request

Freedom of Information and Protection of Privacy Act

Please see instructions on page 2 before filling out this form:

### A. Type of Request

- Access to general records (non-personal information)
- Access to own personal information
- Access to other's personal information by authorized party

Name of institution request made to:

### B. Requester's Information:

Last Name:		Last Name:	
Unit/Apt. #	Street Name:		PO Box
City/Town	Province:	Postal Code:	
Home Phone #	Business/Mobile Phone #		

### C. Description of Records Requested:

Time period of records		Method of access	
From (yyyy/mm/dd)	To: (yyyy/mm/dd)	<input type="checkbox"/> Received Copy <input type="checkbox"/> Examine Original (on site only)	

### D. Payment and Signature:

\$5 application fee Cheque _____ Cash _____		Signature:	Date: (yyyy/mm/dd)
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Personal information contained on this form is collected under the Freedom of Information and Privacy Act and will be used to answer your request. Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator at the institution where you make the request.

### E. Institution Use Only:

Date Received (yyyy/mm/dd)	Request #:	Comments:
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