



Mackenzie Health

FREEDOM OF INFORMATION REQUEST

Requesting access to:

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

Please Note: A \$5.00 application fee is required for all requests

If request is for **access to**, or **correction of**, own personal information records:

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

Mr. Mrs. Ms. Miss

Last Name: _____

First Name: _____

Middle Name: _____

Address: (Street/Apt. No./P.O. Box/R.R. No.) _____

City/Town: _____

Province: _____

Postal Code: _____

Telephone Number (Day): () _____

Telephone Number (Evening): () _____

Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)

Note: If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

Preferred method of access to records: Examine Original Receive Copy

Signature: _____

Date: _____

For Institution Use Only

Date Received: _____

Request Number: _____

Comments _____



Personal information on this form is collected and used for the purpose of responding to your freedom of information request, pursuant to the Freedom of Information and Protection of Privacy act. Question about this collection can be directed to The Office of Access and Privacy at Privacy@MackenzieHealth.ca.