



Request Form

Under the *Freedom of Information and Protection of Privacy Act*.

Please Note: A \$5.00 application fee is required for all requests. Faxes and e-mails not accepted.

Request For: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction to Own Personal Information	Please note: <i>Personal Health Records</i> may be accessed by contacting the department of Health Records at (613) 969-7400 ext. 2280.
If request is for access to or correction of own personal information records: Last name appearing on records: <input type="checkbox"/> same as below, or: _____	

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss Last Name: _____
First Name: _____ Middle Name: _____
Address: (Street/Apt. No./P.O. Box) _____
City: _____ Province: _____ Postal Code: _____
Telephone (Day): _____ Telephone (Other): _____

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 personal 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.

Please send your request to the attention of: Freedom of Information Coordinator
 Quinte Health, Belleville General Hospital
 265 Dundas Street East
 Belleville, Ontario, K8N 5A9

Preferred method of access to records:	<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature:	Date:
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Quinte Health Use Only		
Date Received:	Request Number:	Comments:

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Quinte Health Freedom of Information Coordinator at 613-969-7400, ext. 2915.