



Hôpital Régional de
Pembroke
Regional Hospital

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 | | First Name | | Middle Initial |
| Unit/Apt. no. | Street no. | Street Name | | PO Box |
| City/Town | | Province | | Postal Code |
| Home phone no. (include area code) | | Business/Mobile phone no. (include area code & extension) | | |

C. Description of Records Requested

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

D. Payment and Signature

| | | |
|---|-----------|-------------------|
| \$5 application fee <input type="checkbox"/> Cheque <input type="checkbox"/> Cash (in person only) | Signature | Date (yyyy/mm/dd) |
|---|-----------|-------------------|

Personal information contained on this form is collected under the *Freedom of Information and Protection of 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 no. | Comments |
|----------------------------|-------------|----------|

Instructions for Completing an Access Request

Informal Access to Records

Many records of public institutions are available to you without making a request under the Freedom of Information and Protection of Privacy Act. Contact the Freedom of Information and Privacy (FOIP) Coordinator at the institution that holds the records to determine whether you need to make a formal request.

A. Type of Request

Check the box that indicates what you are requesting (records that do not contain personal information are general records).

The FOIP Coordinator is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g., power of attorney, guardian, or trusteeship order).

B. Requester's Information

Please ensure you have entered your name, address, and telephone numbers accurately.

C. Description of Records or Correction Requested

Provide as much detail as possible about the requested general records, own personal information, or other's personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them.

Specify the time period for the records as precisely as possible, e.g., from 2008/07/21 to 2009/11/30.

Check a box to indicate whether you want to examine original documents (which may only be done on-site) or receive copies.

D. Payment and Signature

A \$5 application fee is required. Cash payments must be made in person.

Make cheques payable to Pembroke Regional Hospital.

Sign and date the form and mail it or submit it in person to the institution that holds the records.

Pembroke Regional Hospital
Attention: Administration Office
705 Mackay St.
Pembroke, ON
K8A 1G8