



# SHHA FREEDOM OF INFORMATION REQUEST FORM

Submit your request to:

**Attention: Freedom of Information and Privacy Office**  
**South Huron Hospital Association**  
**24 Huron Street West**  
**Exeter, ON N0M 1S2**

Please note that a \$5.00 application fee is required (cheque payable to South Huron Hospital Association).

If you have any questions, please call **519-235-2700 Ext. 5152**.

**Request For:**

FOI# 20XX-\_\_\_\_\_

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

DATE: \_\_\_\_\_  
DD/MM/YYYY

**REQUESTOR:** (Please print)

Name: \_\_\_\_\_  
Last Name                      Given Name                      Middle Name

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Please provide a detailed description of requested records, personal information or personal information to be corrected.



If you are requesting access to your own personal information, please include a copy of a signed form of identification and consent form below.

**Patient/client/resident or person (with legal signing authority) consenting to access of Personal Information:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship if other than patient/client/resident:  
(if patient/client/resident is incapable or deceased)

Address & Telephone # if different than patient/client

\_\_\_\_\_

\_\_\_\_\_

**Office Use only -**

Verification of FOI Requestor's Identity

Form of ID:  Drivers Licence  Passport  Notarized letter/Lawyer's letter

Other (specify) \_\_\_\_\_

ID Checked by: \_\_\_\_\_

Printed name

Signature

**PLEASE NOTE:** Personal Information on this form is collected as per the Freedom of Information and Protection Act and will be used for responding to the request