



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