



**Freedom of Information and Protection of Privacy Act**  
**ACCESS/CORRECTION REQUEST**

**REQUEST**

- Access to General Records of Niagara Health System
- Access to Own Personal Information \*
- Correction of Own Personal Information \*

\* If requesting access to, or correction of, your own personal information, **name** appearing on these records is:  
 Same as below; OR  
 Different; please provide:

**REQUESTER'S INFORMATION**

<b>Last Name</b>		<b>First Name</b>		<b>Middle Name</b>	<b>Title</b> (please circle) Mr. Mrs. Miss Ms. Other:
<b>Street, Apartment No; P. O. Box; R.R. No.</b>			<b>City/Town</b>	<b>Province</b>	<b>Postal Code</b>
<b>Primary Telephone Number</b> ( ) ( ) ( )			<b>Alternate Telephone Number</b> ( ) ( ) ( ) <b>Ext.</b>		

**INFORMATION/CORRECTION REQUEST**

Please provide a detailed description of personal information records requested, or request for your personal information to be corrected. (\*Do not use this form to request access to, or copies of, your health records)

**NOTE:** If you are requesting a *correction to personal information*, please describe the correction you want and attach all supporting documentation. You will be notified by NHS Privacy/FOI Office if a personal information correction is denied. You will be given, and may submit a 'Statement of Disagreement' which we will attach to your personal information.

<b>Preferred Method of Record Access:</b> <input type="checkbox"/> Examine Original at NHS, SCS <input type="checkbox"/> Receive Copy by mail	<b>Signature</b>	<b>Date (dd/mm/yyyy)</b>
---	------------------	--------------------------

**PAYMENT AMOUNT AND METHOD**

**A \$5.00 application fee is required for each request.**

<input type="checkbox"/> <b>Cash or Debit</b>	<input type="checkbox"/> <b>Cheque</b>	<input type="checkbox"/> <b>Credit Card Payment</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Payments must be made in person at: NHS Privacy/FOI Office, 1200 Fourth Avenue, St. Catharines, Ontario, L2S 0A9.  <i>Please do <b>not</b> send cash by mail.</i>	Cheque payable to: <b>Niagara Health System.</b>  <b>Mail to:</b> NHS Privacy/FOI Office, 1200 Fourth Ave., St. Catharines, Ontario L2S 0A9.	Credit Card # _____ Expiry Date _____ Card Holder Name: _____

**PRIVACY/FOI OFFICE USE ONLY**

Personal information contained on this form is collected pursuant to the <i>Freedom of Information and Protection of Privacy Act</i> (FIPPA) and will be used for the purpose of responding to your request.	<b>Date Received (dd/mm/yyyy)</b>
Contact us if you have questions about personal information collection: Mail: Niagara Health System, Privacy/FOI Office, 1200 Fourth Avenue, St. Catharines, Ontario, L2S 0A9 Telephone: 905-378-4647 x44475 Email: <a href="mailto:FOIaccess@niagarahealth.on.ca">FOIaccess@niagarahealth.on.ca</a>	<b>Request File No.:</b>

## **FORM COMPLETION INSTRUCTIONS**

### 1. Request

Check the appropriate box to tell us what type of information you are requesting:

- general records of the Niagara Health System (NHS)
- your own personal information
- correction of your own personal information

**Please Note:** More than one box may be selected.

If you are requesting **access to, or correction of**, your own personal information, please indicate the last name appearing on the records **if** it is different from your current surname.

### 2. Requester's Information

- Enter your last name, first name, middle name, and circle your Title. (Mr., Mrs., Miss or Ms.)
- Enter your full mailing address, including postal code, and your telephone number(s).
- Niagara Health System Privacy/FOI Office may contact you if there are questions about your request.

### 3. Information/Correction Requested

Please be *specific* when describing your requested record, or requesting a correction of your personal information. Detailed information will help us respond quickly and accurately. If you need additional space, continue your description on a separate sheet of paper and staple it to the request form. Additional pages **MUST** be numbered, and your **name and date** of request **MUST** appear at the **top** of each sheet; for example: *John Doe, January 03, 2013, page 2 of 5.*

When requesting your own personal information, or a correction to it, please be sure to provide:

- your full name,
- other names you have previously used,
- identifying numbers related to your records, or correction requested (i.e. employee/student numbers, etc.)

### 4. Preferred Method of Record Access

Indicate your preferred method of accessing/viewing the record. Would you like to view the records at the NHS Privacy/FOI Office, St. Catharines Site? or, would you like a copy of the requested record sent to you?

### 5. Preferred Payment Option

Select your preferred payment option. Please note: Cash or Debit payments must be made in person at: NHS Privacy/FOI Office, 1200 Fourth Avenue, St. Catharines, Ontario, L2S 0A9.

6. Sign and date the request form, using the date you completed it.

7. If you need more information about completing this form, please contact the NHS, Privacy/FOI Office by:

- Telephone (905-378-4647) x44475
- Email ([FOIaccess@niagarahealth.on.ca](mailto:FOIaccess@niagarahealth.on.ca))
- Mail: NHS Privacy/FOI Office, 1200 Fourth Avenue, St. Catharines, Ontario, L2S 0A9

**\*Please! Do not use this form to request access to, or copies of, your personal health information (health records).**

Kindly contact a *Release of Information Specialist in Health Records*, at the hospital site where you were treated.

Personal Health Information in the custody or control of the NHS is **not** subject to **FIPPA**. Health Records are subject to the Personal Health Information Protection Act, 2004. (**PHIPA**) Thank you.