



Access/Correction Request

60 Cornelia Street, W.
Smiths Falls, ON K7A 2H9

Freedom of Information and Protection of Privacy

Request for:	For Perth and Smiths Falls District Hospital Use Only		
	Date Received:	Request Number	Comments
<input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to own Personal Information <input type="checkbox"/> Correction of own Personal Information			

If request for access to, or correction of, own personal information records:

Last name appearing on records: same as below OR (please complete)

Details:

Last Name First Name Middle Name

Address

City Province Postal Code

Country Email

Phone # Day: Phone # Evening

	Please provide a detailed description of requested records, personal information, or personal information to be corrected. If you are requesting a correction of personal information, please describe the desired correction, and attach any supporting documentation. If you are requesting access to your own personal information, please include a copy of a signed form of identification.	
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Signature _____ Date (day/month/year) _____

Each request must be submitted separately with a \$5.00 application fee, cash, cheque or money order payable to the Perth and Smiths Falls District Hospital.

This request must be submitted to the attention of the Privacy and Access to Information Office Perth and Smiths Falls District Hospital 60 Cornelia Street, West Smiths Falls, Ontario K7A 2H9
