

# Access/Correction Request

Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Personal Health Information Protection Act (PHIPA)

## Request for:

- Access to general records    Access to own personal information    Correction of own personal information  
 Access to own personal health information    Correction of own personal health information

### Fee

MFIPPA requests will be reviewed and assessed to determine if an application fee of \$5 will be required. If it is decided that the request is a formal request, and an application fee is required you will be contacted for payment.

### Return the completed form to:

**Chief Privacy Officer**  
Wellington-Dufferin-Guelph Public Health  
160 Chancellors Way  
Guelph, ON N1G 0E1  
Fax#: 519-823-4902

## Contact Information

- Mr.    Mrs.    Ms.    Miss

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_  
Apartment #   Street Address   City   Postal Code

Telephone number: \_\_\_\_\_  
Day   Evening

Last name appearing on records:  same as above, or: \_\_\_\_\_

## Substitute Decision-Maker Information (applies to PHIPA only)

- Mr.    Mrs.    Ms.    Miss

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_  
Apartment #   Street Address   City   Postal Code

Telephone number: \_\_\_\_\_  
Day   Evening

Please provide documentation to satisfy the health information custodian that you are an authorized substitute decision-maker.

## To Access General Records or Personal Information

I would like to:    See the original    Get a copy

### Please describe the information you want to access:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### To Correct Personal Information

Please describe the information and the changes you would like. You can choose to attach supporting documents. We will contact you if the correction is not made. You can then require that a statement of disagreement be attached to your personal information.

\_\_\_\_\_  
\_\_\_\_\_

Your signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

Personal information or personal health information contained in this form is pursuant to the *Municipal Freedom of Information and Protection of Privacy Act* and/or the *Personal Health Information Protection Act*. It will be used for responding to your request. Questions regarding this collection should be directed to the Chief Privacy Officer at 1-800-265-7293 ext. 2975.



<b>FOR OFFICE USE ONLY:</b>	
Date received: _____	Request number: _____
Comments: _____	
_____	
_____	