simcoe muskoka
DISTRICT HEALTH UNIT

MFIPPA Access/Correction Request

Unique Identifier Number ☐

Section A *Type of Request*

Request for:

- ☐ Access to General Records (non-personal information)
- ☐ Access to Own Personal Information
- ☐ Access to Other's Personal Information by Authorized Party
- ☐ Correction of Personal Information

Submit Request to:
Simcoe Muskoka District Health Unit
15 Sperling Drive
Barrie, ON L4M 6K9
Phone: 705-721-7520
Fax: 705-721-1495
Email: privacy.officer@smdhu.org

If request is for access to, or correction of, own personal information records:
Last name appearing on records: ☐ Same as below, or: _____

Section B *Requestor's Information*

Last Name	First Name		Middle Initial
Organization (if applicable)			
Address: (Street/Apt No/P.O. Box No./RR No.)	City or Town	Province	Postal Code
Home Telephone:	Business/Cell Telephone:		

Last name appearing on records: ☐ same as above, or: _____

Relationship to the Individual whose Personal Information is being Requested (if applicable):

Section C *Description of Request*

Detailed description of requested records or personal information to be accessed or corrected. Please identify the personal information or record containing the personal information, if known. Please indicate the required correction and if appropriate, attach any supporting documentation.

Preferred Method of Access to Records:	Signature	Date
Examine Original ☐ Receive Copy ☐		yyyy / mm / dd

For Office Use Only

Date Request Received:	Comments:
yyyy / mm / dd	

Personal Information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act and will be used for the purpose of responding to your request for access to information. Questions about the collection of this information or the health unit's information privacy policies and practices should be directed to the Privacy Officer, Barrie Office, privacy.officer@smdhu.org

Instructions for Completing Access or Correction Request

Informal Access to Records

Many records of public institutions are available to you without making a request under the *Municipal Freedom of Information and Protection of Privacy Act*. Contact the Administrative Coordinator at 705-721-7520 Ext. 7407 to determine whether you need to make a formal request.

A. Type of Request

Check the box that indicates what you are requesting. (Records that do not contain personal information are general records).

The Administrative Coordinator is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g., power of attorney, guardian or trusteeship order).

B. Requester's Information

Please ensure you have entered your name, address and telephone numbers accurately.

C. Description of Records of Correction Requested

Provide as much detail as possible about the requested general records, own personal information, other's personal information or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them. (If you are requesting access to or correction of your personal information, please identify the program or record containing the information, if known.)

Specify the time period for the records as precisely as possible, e.g., from 2017/07/21 to 2017/11/30.

If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with. You will be notified if the correction is not made and you may require that a statement or disagreement be attached to your personal information.

Check a box to indicate whether you want to examine original documents (which many only be done on site) or receive copies.

Sign and date the form and mail it or submit it in person to the health unit.