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Request to Freedom of Information and Protection of Privacy Office

Your request should be submitted to the Freedom of Information & Privacy Office at the above address. Please note that a \$5.00 application fee is required (cheque or money order payable to West Parry Sound Health Centre). Payment may be made by mail or in person. This form is CONFIDENTIAL to the WPSHC FIPPA Office.

Request for:

Access to general records Access to own personal records Correction of own personal record

Please print

First name: _____ Last name: _____

Address: (Street/Apt. no./PO Box): _____

City/town: _____ Province and postal code: _____

telephone: _____ email address: _____

Preferred method of access to record:

Receive paper copy Examine originals at WPSHC
 Receive electronic copy

Signature of requester:

Date: _____

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.

For West Parry Sound Health Centre FIPPA Office use only

Date received: _____ File number: _____

Comments: _____

Personal information on this form is collected pursuant to the Freedom of Information & Protection of Privacy Act and will be used for the purpose of responding to your request.