

Request Form

under the *Freedom of Information and Protection of Privacy Act*

Please Note: A \$5.00 application fee is required for all requests.

Request for:

- ☐ Access to General Records
☐ Access to Own Personal Information
☐ Correction to Own Personal Information

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

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

Last Name:				First Name:			
Name of Company or Organization (if applicable):							
Address: (Street/Apt. No./P.O. Box/R.R. No.):							
City/Town:			Province:			Postal Code:	
Telephone Number () _____				Alternate Number: () _____			
Email Address (if applicable): _____							

Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person information, if known.)

Note: If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

**Preferred method
of access to records:**

- ☐ Examine Original
☐ Receive Copy

Signature:

Date:

For Institution Use Only

Date Received:

Request Number:

Comments:

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information and Privacy Coordinator at the institution where the request is made.

Return completed form and application fee to: Freedom of Information Coordinator
Kingston General Hospital
76 Stuart Street
Kingston, ON K7L2V7

Please make cheque payable to Kingston General Hospital