



# DEEP RIVER AND DISTRICT HOSPITAL

117 Banting Street, Deep River Ontario K0J 1P0

Phone: 613 584 3333; Fax: 613 584 2905

## Freedom of Information Access/Correction Request Form

Submit this form to the Freedom of Information Office at the above address along with your \$5 application fee (cheque payable to Deep River and District Hospital, or you may provide credit card information on the application form, below). If you have questions or have not received a telephone call from us within 10 days of your request, please call the Privacy Officer at 613-584-3333.

Request for:  Access to General Records  Access to Own Personal Information  
 Correction to Own Personal Information

**Please print clearly**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address (Street/Apt. No./PO Box/R.R.No): \_\_\_\_\_  
City/Town/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone (day): ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
Alternate Telephone Number(s): ( ) \_\_\_\_\_

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. **Note:** if you are requesting access to your own personal information, you will need to show a signed form of photo identification to FOI Office staff.

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### Preferred Method of Access to Records (check one):

paper  electronic (CD-ROM)  examine records at the hospital

Date: \_\_\_\_\_ (dd/mm/yyyy) Requester's Signature: \_\_\_\_\_

For Deep River and District Hospital (DRDH) Only

Date Received	Request Number	Comments

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Payment Information:**

Cheque for \$5 payable to Deep River and District Hospital, attached

Please charge \$5 to my credit card (check one):       Amex                       MasterCard                       Visa

Credit card holder's name: \_\_\_\_\_

Credit Card number: \_\_\_\_\_

Security code (found on back of card) 3 digit security code for Visa and MasterCard, 4 digit security code for Amex: \_\_\_\_\_

Expiry date (mm/yy): \_\_\_\_\_

Signature of Card Holder Authorization: \_\_\_\_\_