

REQUEST FOR ACCESS TO INFORMATION

Some records held by Providence Care may be made available to you without making a formal request. Before submitting your request, please contact the Access and Privacy Coordinator at Providence Care at (613) 548-7222 extension 2373.

For assistance completing this form please refer to “Request for Access to Information – How to Complete this Form.”

Your personal information collected on this form is subject to the Ontario Freedom of Information, Protection of Privacy Act and will be used solely to respond to your request.

ABOUT YOU	
Last Name	First Name
Name of Company or Organization	Other/Previous Names (if any)
Mailing Address – <i>Street</i>	<i>City/Town/Village</i>
<i>Province</i>	<i>Postal Code</i>
Day-time Telephone	Email Address
Evening Telephone	
Alternative Contact Information	
ABOUT YOUR REQUEST	
<i>NOTE: If you checked either of the boxes below you will need to accompany the request with an initial fee of \$5.00 CDN.</i>	
What kind information are you requesting to access?	
<input type="checkbox"/> General Information	<input type="checkbox"/> Your own personal information
	<input type="checkbox"/> A correction of your own personal information
Please note: If you are requesting access to your health information please contact Patient Records and Registration Services at Providence Care: 613-548-7222 ext 2259.	
Please provide as much detail as you can about the information you are requesting. If you are requesting access to your own information, be sure to provide all names that are relevant. Please give a date or time range if you can. If you need more space, please attach another sheet of paper.	
Signature	Date <i>Year/Month/Day</i>

Please return completed form to: Access and Privacy Coordinator, St. Mary's of the Lake Hospital
340 Union Street, Kingston, ON K7L 5A2