

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) 544-4900 Ext 53569.

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	City/Town/Village	
Province	Postal Code	Email Address
Day-time Telephone		
Alternative Contact Information		
ABOUT YOUR REQUEST		
Request for access to: <input type="checkbox"/> General Information <input type="checkbox"/> Your own personal information <input type="checkbox"/> Correction of your own personal information		
Please provide a detailed description about the information you are requesting. If you are requesting access to your own information please be sure to provide all names that are relevant. Please give dates or a time range if you possible. Attach another sheet of paper if more space is needed.		
PLEASE NOTE: YOU MUST INCLUDE AN INITIAL FEE OF \$5.00.		
Signature	Date YYYY/MM/DD	

Return the completed form to: FOI Coordinator
752 King Street West K7L 4X3
<mailto:foi@providencecare.ca>