



Access/Correction Request
Freedom of Information and Privacy Protection Act

Part 1			
Request for <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information		Payment Amount A \$5.00 application fee is required for each request. Payment may be made by mail to Stevenson Memorial Hospital, 200 Fletcher Crescent, Alliston, Ontario, L9R 1W7. Make your cheque payable to Stevenson Memorial Hospital	
Part 2 Requester's Information			
Last name		First name	Middle initial
Unit number	Street number	Street name	
City/Town		Province	Postal code
Telephone number		E-mail address	
▶ ()	ext.	▶	
Detailed description of requested records, personal information requested or personal information to be corrected.			
Note: If you want a correction of personal information, please describe the correction you want and attach any supporting documents you may have. You will be told if the correction is not made and you may attach a statement of disagreement to your personal information.			
Preferred method of access to records <input type="checkbox"/> Examine original <input type="checkbox"/> Receive copy	Signature		Date (yyyy/mm/dd)
Personal information contained on this form is collected pursuant to the <i>Freedom of Information and Protection of Privacy Act</i> and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Access / Privacy Officer Stevenson Memorial Hospital 200 Fletcher Cr. Alliston, Ontario L9R 1W7 Telephone: (705) 435-6281		Office Use Only	
		Date received (yyyy/mm/dd)	Request number
		Comments	