



## Instructions for Completing Access or Correction Request

### Informal Access to Records

Many records of public institutions are available to you without making a request under the *Municipal Freedom of Information and Protection of Privacy Act*. Contact the Administrative Coordinator at 705-721-7520 Ext. 7407 to determine whether you need to make a formal request.

#### **A. Type of Request**

Check the box that indicates what you are requesting. (Records that do not contain personal information are general records).

The Administrative Coordinator is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g., power of attorney, guardian or trusteeship order).

#### **B. Requester's Information**

Please ensure you have entered your name, address and telephone numbers accurately.

#### **C. Description of Records of Correction Requested**

Provide as much detail as possible about the requested general records, own personal information, other's personal information or correction of own personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them. (If you are requesting access to or correction of your personal information, please identify the program or record containing the information, if known.)

Specify the time period for the records as precisely as possible, e.g., from 2017/07/21 to 2017/11/30.

If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with. You will be notified if the correction is not made and you may require that a statement or disagreement be attached to your personal information.

Check a box to indicate whether you want to examine original documents (which many only be done on site) or receive copies.

Sign and date the form and mail it or submit it in person to the health unit.