



# LAKE OF THE WOODS DISTRICT HOSPITAL

21 Sylvan St. W. • Kenora • Ontario • Canada • P9N 3W7  
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## Freedom of Information and Protection of Privacy Act (FIPPA) Information Access/Correction Request Form

**Note: This form is for a formal request for information under FIPPA and not a request for, or correction of, personal health or employment information. For personal health information contact Health Records and for personal employment information contact Human Resources.**

<b>Request for:</b> <input type="checkbox"/> Access to general records (non-personal information) <input type="checkbox"/> Access to own personal information <input type="checkbox"/> Access to other's personal information (attach authority) <input type="checkbox"/> Correction of own personal information	<b>Payment:</b> A \$5.00 non-refundable application fee is required for all access requests. Other applicable search fees may also apply. <input type="checkbox"/> \$5.00 cheque enclosed <input type="checkbox"/> \$5.00 cash (in person only)
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If request is for access to, or correction of, own personal information records:

Last name appearing on records:  same as below or ►

<b>Requester:</b>			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.

Address:  
Street/ Apt. No./ P.O. Box

City or Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code	Telephone Number(s): Home/Cell: (Area Code)	Work/Alternate Number: (Area Code)
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**Detailed description of requested records or personal information records:**  
If you are requesting access to or correction of your personal information, please identify the personal information bank or records containing the personal information, if known. If you are requesting a correction of personal information, please indicate the desired correction. Attach a separate sheet if space is not sufficient.

**Timeframe of search:**  
Records dated from \_\_\_\_\_ through to \_\_\_\_\_ or  to date this request is received.

<b>Preferred method of access to records:</b> <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	<b>Signature:</b>	<b>Date:</b>
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**For Lake of the Woods District Hospital Use Only**

Date Received	Request Number	Comments
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Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to Lake of the Woods District Hospital, Freedom of Information Coordinator, c/o Administration, 21 Sylvan St. W., Kenora, ON P9N 3W7 • Telephone 807-468-9861 Ext. 2243 • E-mail [admin@lwdh.on.ca](mailto:admin@lwdh.on.ca)