

FREEDOM OF INFORMATION REQUEST FORM

Do not use this form for requesting records of Personal Health Information.

You may access the correct form for requesting records of Personal Health Information by clicking on this [LINK](#) or visit our web site [here](#).

Request for:

Access to General Records Access to Own Personal Information Correction to Own Personal Information

Last Name:		First Name:	
Address:			
City:	Province:	Postal Code:	
Phone:		Email:	
Preferred Method of Access: <input type="checkbox"/> Paper Copy <input type="checkbox"/> Electronic Copy <input type="checkbox"/> Examine Original			
Detailed Description of Requested Records:			
<p>Application Fee: This \$5 application fee is mandatory and non-refundable. It must be received electronically before the hospital will process your request. Once your request has been received you will receive an email notification confirming receipt and payment instructions for the \$5 application fee.</p>			

Signature of Applicant:		Date:	
For Hospital Use Only			
Received By:	Date:	Request File No:	

Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Freedom of Information Office at foi@stjoes.ca.