Access/Correction Request

Cornwall Community Hospital
Hôpital communautaire de Cornwal

Freedom of Information and Protection of Privacy

Request for:	**Name of Institution request made to:**
☐ **Access to General Records**	
☐ **Access to Own Personal Information**	Cornwall Community Hospital
☐ **Correction of Own Personal Information**	

If request is for access to, or correction of, own personal information records:

Last name appearing on records: ☐ same as below   **or**

Details:

Last Name:	First Name:	Middle Name:	Mr. ☐ Mrs. ☐
			Ms ☐ Miss ☐

Address (Street/Apt. No./P.O. Box No./R.R. No.)	City or Town	Province

Postal Code	Telephone Numbers Area Code	Area code
	Day :	Evening :

Detailed description of requested records, personal information or personal information to be corrected. (If you are requesting access to, or correction of, your personal information, please identify the personal information bank or record containing the personal information, if known.)

Note: If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

Signature	Date	Year	Month	Day

EACH REQUEST MUST BE ACCOMPANIED BY THE $5.00 APPLICATION FEE; PAYMENT MAY BE IN THE FORM OF A CHEQUE OR MONEY ORDER PAYABLE TO <u>CORNWALL COMMUNITY HOSPITAL.</u>

Personal information contained on this form is collected pursuant to 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 Coordinator.