

Request Form

Under the Freedom of Information and Protection of Privacy Act (FIPPA)

A \$5.00 application fee is required for all requests. Payment may be made by mail or in person at Waypoint. (FIPPA s. 24)

| Request for: | | | Name of Institution request made to: | | |
|--|---------------------------|------------|---|--------------------------|--|
| ☐ Access to General Records (Relating to Waypoint and affil | | iliates) | Waypoint Centre for Ment | al Health Care | |
| ☐ Access to Personal Information (Relating to you) | | | 500 Church Street Penetanguishene ON L9 | M 1G3 | |
| ☐ Correction to Own Personal Information | | | Tonotangulonono Ott 20 | W 100 | |
| | | | Attn: FIPPA Coordinator | | |
| *If your request is for access to or correction of your own never | | | Quality, Patient Safety and Risk Department | | |
| *If your request is for access to, or correction of your own personal health information records, please contact the Health Information Management department at (705) 549-3181, ext. 4949 | | | | | |
| Requestor's Inform | nation | | | | |
| ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Other: | | | Address: (Street / Apt. No | . / P.O. Box / R.R. No.) | |
| First Name: | | | | | |
| Middle Name: | | | | | |
| Last Name: | | | City/Town: | | |
| Preferred Telephone Numb | | Province: | | | |
| Email Address: | | | Postal Code: | | |
| How would you like us to communicate with you?: □ Phone □ Email | | | | | |
| Professed method of | | Signature: | | Date: (dd/mm/yyyy) | |
| Preferred method of access to records: | ☐ Receive physical copy | Signature. | | Date. (dd/mm/yyyy) | |
| | ☐ Receive electronic copy | | | | |
| By signing this form you acknowledge that the personal information contained on this form will be collected pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for the purposes of responding to your request. You also acknowledge that a representative of Waypoint may contact you via your preferred contact method for more information as it relates to this request. If you have any questions, or require assistance completing this form, please call (705) 549-3181, ext. 2258 | | | | | |
| For Internal Office Use Only | | | | | |
| Date Received: | Request Number: | Comments: | ,, | | |