

REQUEST FORM FOR ACCESS OR CORRECTION

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

Please Note: A \$5.00 Application fee is required for all requests

A. TYPE OF REQUEST

Access to General Records
 Access to own Personal Information
 Access to another Individual's Personal Information by an authorized party (attach proof of authority)
 Correction of own personal information

B. PAYMENT AND SIGNATURE

\$5.00 application fee
 Cheque
 Cash (in person only)
 Visa Master card Debit
 Signature: _____

C. REQUESTER'S INFORMATION

Last Name	First Name
Apt. No./Street No.	Street Name
City/Town	ProvincePostal Code
Home Phone No. (Include area code)	Business /Mobile Phone No.(with area code and extension)

D. SUBSTITUTE DECISION MAKER (IF APPLICABLE)

Name	Relation to the requested person
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E. DESCRIPTION OF RECORDS OR CORRECTION REQUESTED

(Detailed description of requested records, general information or personal information to be corrected)

Note: if you are requesting a correction of personal information, please indicate the desired correction, and if appropriate attach any supporting documents. 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.

F. PREFERRED METHOD OF ACCESS TO RECORDS

<input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Date (yyyy/mm/dd)
Signature: _____	

G. INSTITUTION USE ONLY

Date received (yyyy/mm/dd)	Request No.
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Note: Personal information contained in 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 may be directed to our Freedom of Information Officer or Privacy Office. More information is available on-line at www.cmh.org