Access or Correction Request

Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)
Personal Health Information Protection Act (PHIPA)

GRAND ERIE
PUBLIC HEALTH

Personal information contained in this form is collected under the *Municipal Freedom of Information and Protection of Privacy Act* or *Personal Health Information Protection Act*. Questions about this collection should be directed to the Privacy Officer at Grand Erie Public Health at FOI@geph.ca.

Section A. Type of Request

☐ Access to general records (non-personal information) ☐ Access to own personal information
☐ Correction of own personal information ☐ Access to others personal information by authorized parties

Section B. Requestor's Information

Last Name		First Name	
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number			
Email Address			

Section C. Substitute Decision-Maker Information (applies to PHIPA only)

Please provide documentation to satisfy the health information custodian that you are an authorized decision-maker.

Last Name		First Name	
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Telephone Number			
Email Address			

Section D. Description of Records or Correction Requested

Time period of the records	**Method of access**
From: **To:**	☐ Receive Copy ☐ Examine Original (on site only)
Signature	Date

Fee: MFIPPA requests will be reviewed to determine whether a $5 application fee is required. If the request qualifies as a formal application, you will be contacted to arrange payment.

Return the completed form to:

Privacy Officer
Grand Erie Public Health
194 Terrace Hill Street
Brantford, ON N3R 1G7
FOI@geph.ca

FOR OFFICE USE ONLY

Date Received:

Request Number: