



Request for:  <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to own Personal Information <input type="checkbox"/> Correction of own Personal Information	For Northumberland Hills Hospital Use Only		
	Date Received:	Request Number:	Comments:

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

Last name appearing on records:  same as below      OR      (please complete)

**Details:**

Last Name       First Name       Middle Name

Address

City       Province       Postal Code

Country       Email

Phone # Day:       Phone # Evening:

Please provide a detailed description of requested records, personal information, or personal information to be corrected. If you are requesting a correction of personal information, please describe the desired correction, and attach any supporting documentation. If you are requesting access to your own personal information, please include a copy of a signed form of identification.

Signature	Date (day/month/year)
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**This request must be submitted to the attention of the Freedom of Information Office, Northumberland Hills Hospital, 1000 DePalma Drive, Cobourg, ON K9A 5W6.**

**Each request must be submitted separately with a \$5.00 application fee, cheque or money order payable to Northumberland Hills Hospital.**