## HÔPITAL NOTRE-DAME HOSPITAL (HEARST)

## Request for Access to Information and Correction under the Freedom of Information and Protection of Privacy Act

Please Note: A \$5.00 application fee is required for all requests.						
Request for: Access to General Records Access to Own Personal In Correction to Own Personal	nformation	Name	of Institution requ	uest mad	e to:	
If request is for <b>access to</b> , or Last name appearing on reco						
Last Name Fir	st Name	Middle Na	me		□ Mr. □ Ms.	<ul><li>Mrs.</li><li>Miss</li></ul>
Address: (Street/Apt. No./P.C	). Box/R.R. No.)	City/Town	Province	Ро	stal Code	
Telephone Number (Day):		Telephon	e Number (Evening	g):		
Detailed description of reque are requesting access to or co bank or record containing the	rrection of your per	rsonal infor	mation, please ider			
<b>Note:</b> If you are requesting a correct supporting documentation. You wi attached to your personal informati	ll be notified if the corr					
Preferred method of access  Examine Original Receive Copy	Signature			Date		
For Institution Use Only	1					
Date Received	Request Number	Com	ments			
Personal Information contained on t	his form is collected pur	suant to the F	reedom of Information	and Protect	tion of Privac	y Act/Municipal

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 Privacy Officer at the institution where the request is made.