

***A \$5.00 application fee is required for all requests**

A TYPE OF REQUEST	
<input type="checkbox"/>	Access to general records
<input type="checkbox"/>	Access to own personal information
<input type="checkbox"/>	Access to other's personal information by authorized party (attach proof of authority)
<input type="checkbox"/>	Correction of own personal information

B REQUESTER'S INFORMATION			
Last Name:		First Name:	
Address:			
City:	Province:	Postal Code:	
Home Phone:		Business/Mobile Phone:	

C SUBSTITUTE DECISION MAKER <i>(if applicable)</i>	
Name:	
Relation to requested person's record:	

D DESCRIPTION OF RECORDS OR CORRECTION REQUESTED		
Time Period	From (yyyy/mm/dd):	To (yyyy/mm/dd):
Method of Access	<input type="checkbox"/> Receive a copy	<input type="checkbox"/> Examine Original

E PAYMENT AND SIGNATURE		
\$5.00 Application Fee	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash (in person only)
Signature:		

F INSTITUTION USE ONLY	
Date received (yyyy/mm/dd):	Request No.:

Please submit completed forms, along with a cheque for \$5.00 payable to South Bruce Grey Health Centre, by mail to:

Freedom of Information Office
South Bruce Grey Health Centre
21 McGivern St. W., Box 1300
Walkerton, Ontario N0G 2V0

**Cash payments must be made in person and can be dropped off along with your completed request form at the Registration desk at any of our sites. Please put your completed request form in a sealed envelope to protect your privacy.*