



**MANITOULIN HEALTH CENTRE**

**FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT (FIPPA)**

**REQUEST FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ (Home) \_\_\_\_\_ (Bus)

Fax: \_\_\_\_\_

Email \_\_\_\_\_

**Detailed Description of Requested Information:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Please note:**

**This request form must accompany a \$5.00 application fee  
(make cheques payable to Manitoulin Health Centre)**

*If you have any questions regarding this application, please contact:*

***Lynn Love, CHIM***

*Privacy Officer & Freedom of Information Coordinator*

*Manager, Health Records*

*Manitoulin Health Centre*

*Tel (705) 368-2300 Ext. 2517*

**Little Current Site**

Box 640, Little Current, ON P0P 1K0

(705) 368-2300

**Mindemoya Site**

Box 170, Mindemoya, ON P0P 1S0

(705) 377-5311