



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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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