

Please see instructions on page 2 before completing this form.

A. REQUEST FOR:

- Access to general records
- Access to own personal information
- Correction of other's personal information by authorized party
- Correction of own personal information

Request Directed to:

Bruyère Continuing Care
 Privacy & Access to Information Office
 43 Bruyère Street
 Ottawa, ON K1N 5C8

All access/correction requests must be accompanied by an application fee of \$5.00. Please make cheque or money order payable to "Bruyère Continuing Care".

B. REQUESTER'S INFORMATION:

Last Name: _____ First Name: _____ Middle Name: Mr. Mrs. Ms Miss

Address (Street/Apt. No./P.O. Box No./R.R. No.) _____ City or Town _____ Province _____ Postal Code _____

Telephone Number (Daytime): _____ Telephone No. (Evening) _____

Email: _____

C. Description of Records or Correction Requested

NOTE: For correction of personal information, please indicate the name appearing on the records, the desired correction and, if appropriate, attach any supporting documentation.

Time period of the records:

From (yyyy/mm/dd) _____ To (yyyy/mm/dd) _____

Method of access:

Receive a copy Examine original

D. PAYMENT AND SIGNATURE

Signature: _____

Date(yyyy/mm/dd): _____

- Cheque Money Order Cash

E. FOR OFFICE USE ONLY

<input type="checkbox"/> \$5.00 Application Fee Received	Date Fee Received			Request No.	Received by:
	Day	Month	Year		
Comments					

The personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used to respond to your request. Questions about this collection should be directed to the Privacy and Access to Information Office at access@bruyere.org or sent to the address shown at the top of this form.

Informal Access to Records

Many records of public institutions are available to you without making a request under the *Freedom of Information and Protection of Privacy Act*. Contact the Privacy and Access to Information Office at the institution that holds the records to determine whether you need to make a formal request.

A. Type of Request

1. %Check the box that indicates what you are requesting. Records that do not contain personal information are general records.
2. %The Privacy and Access to Information Office is required to verify your identify before giving you access to your own personal information.
3. %If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g. power of attorney, guardian or trusteeship order).

B. Requester's Information

4. %Please ensure you have entered your name, address and telephone numbers accurately.

C. Description of Records or Correction Requested

5. %Provide as much detail as possible about the requested general records, your own person information, other's personal information of correction of your own personal information. Use a separate sheet of paper if you need more space and attached it to the form.
6. %Specify the time period for the records as precisely as possible (e.g. from 2010/07/30 to 2011/06/30).
7. %If you are requesting a correction of your own personal information records, describe the correction you want and provide any supporting documents. If possible, provide copies of the information to be corrected and the information you wish to have it replaced with.
8. %Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

D. Payment and Signature

9. %A \$5 application fee is required for each access request. Cash payments must be made in person.
10. Please make cheques or money orders payable to "**Bruyère Continuing Care**".
11. Sign and date the form and mail it or submit it in person to the institution that holds the records.