



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 2516