

## FREEDOM OF INFORMATION ACCESS REQUEST

### Instructions

Submit this form, along with the \$5 application fee (cash or cheque payable to the Middlesex-London Health Unit), to:

Middlesex-London Health Unit  
355 Wellington Street, Suite 110,  
London, ON, N6A 3N7  
Attention: Privacy Officer

To request personal health information (e.g. health records), complete the Request for Access or Disclosure of Personal Health Information Form.

If you have any questions or need assistance completing this form, please call (519) 663-5317, ext. 2545 - Ryan Fawcett PO, or email [privacy@mlhu.on.ca](mailto:privacy@mlhu.on.ca).

### Requester Information

Name:

Address:

Telephone:

Email:

### Request Details

Provide a detailed description of the requested records.

Preferred Method of Access to Records:

Paper  Electronic (Secure Email)

Date: \_\_\_\_\_ Requester's Signature: \_\_\_\_\_  
(YYYY/MM/DD)