

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. 2437 or email 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)