Fleming College | PHIPA Request Form

Request to Fleming for:	Preferred method of access to records:
Access to Personal Health Information	Receive copy electronically via email
Correction to Personal Health Information	Receive copy electronically via email
Access to another individual's Personal Health Information	and paper copies via mail
with the individual's consent (include copy of consent form)	Examine original(s) (on-site only)

Requester's Contact Information (*if you are a third party requestor, skip this section*):

Preferred Title (if any):		Last Name:	
First Name:		Middle Name:	
Address: (Street/Apt. No./P.O. Box/R.R.No.)		City/Town:	
Province:		Postal Code:	
Home phone #:	Business/Mobile Phone #:	Email address:	

Third Party Requestor Information (*if you are not a third party requestor, skip this section*): If you are a third party requestor (such as a parent, guardian, lawyer) requesting Personal Health Information on behalf of someone else complete the section below. A consent form must accompany this request. Third party requestors may be asked to providing additional supporting documentation.

Preferred Title (if any):		Last Name:
First Name:		Middle Name:
Address: (Street/Apt. No./P.O. Box/R.R.No.)		City/Town:
Province:		Postal Code:
Home phone #:	Business/Mobile Phone #:	Email address:
Role / Relationship:		

Details of Request:

→ Provide a detailed description below of requested Personal Health Information records; personal information; or personal information to be corrected below. For assistance contact freedomofinformation@flemingcollege.ca.

ightarrow If you require more space please attach an additional page to this form.

→ If requesting records of Personal Health Information be specific (i.e. identify type(s) of record(s) being requested and the department of custody if known). If you do not know the specific type(s) of health records, please describe the Personal Health Information you are requesting. Departments of custody for Personal Health Information at Fleming College include: Counselling Services; Health Services; and the Massage Clinic.

Indicate time period of the records requested:					
From (yyyy/mm/dd)	1	Ι	To (yyyy/mm/dd)	1	1

Payment and Signature:

\$5 application fee paid via: □ Cheque (to 'Fleming College') □ Cash **Include payment with request	Signature: ————————————————————————————————————	Date: /// (yyyy/mm/dd)
Send completed form and pa Attention: Privacy Coordinator President's Office, Fleming Col 599 Brealey Drive, Peterboroug K9J 7B1	llege	
Questions: Contact <u>freedomofinformation@</u>	2flemingcollege.ca	

Fleming College protects your privacy and your personal information. The personal health information requested on this form is collected in accordance with the Personal Health Information Protection Act ("PHIPA") and will be used to respond to your request for access or correction and related purposes. Please direct any questions about this collection to the Privacy Officer Fleming College, 599 Brealey Drive Peterborough ON K9J at 7B1. freedomofinformation@flemingcollege.ca.

Fleming College must respond in writing to your access or correction request within 30 calendar days, subject to any extension or exemptions allowable by applicable law.

Incomplete forms will be returned to the requestor for completion.

You have a right to make a complaint about the Fleming College's decision to your access or correction request to the Information and Privacy Commissioner of Ontario. In the case of a decision related to a correction request, you have the right to have a "statement of disagreement," which is a brief letter that explains what information you think is incorrect or incomplete, attached to your personal health information in the record.

For Fleming College's Use Only:

Date Received:	Request Number:	Comments:	
1 1			
(yyyy/mm/dd)			