

Request for Access to or Correction of Personal Information/Personal Health Information

The following request for access to or correction to personal information or personal health information is made under the Freedom of Information and Protection of Privacy Act (FIPPA) or the Personal Health Information Protection Act (PHIPA), respectively. Processing fees may apply.

Request for:		Department(s) holding requested record(s), if known:	
<input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information <input type="checkbox"/> Access to Own Personal Health Information <input type="checkbox"/> Correction of Own Personal Health Information <input type="checkbox"/> Access to General Records			
Details:			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Name of company or organization (if applicable)			
Address (Street/Apt. No./P.O. Box/R.R. No.)		City/Town	Province Postal Code
Email Address		Telephone Number(s) Day ► ()	Evening ► ()
Detailed description of requested records, personal information records, or personal information to be corrected, including the time period of the records, if known. Please attach additional pages if more space is required.			
<p>Note: If you are requesting access to, or correction of, your personal information, please identify the record, if known.</p> <p>If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation.</p> <p>If you are requesting personal information on another person's behalf, please attach proof that you have the authority to act for that person.</p>			
Preferred method of access to records <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy		Signature	Date (dd/mm/yyyy)
Information released by (staff member name):			
For Institution Use Only (please CC to Access and Privacy Office in Information Technology)			
Date Received Day Month Year	Request Number		Fees Charged (if any):

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NOTES

Personal Health Information (PHI)

Personally identifiable information about an individual (*whether living or deceased*) and whether oral or recorded, if the information:

- (a) relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family,
- (b) relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual,
- (c) relates to payments or eligibility for health care in respect of the individual,
- (d) is the individual's health number, or

Eg. Records from any of the Georgian College Clinics and or the Georgian College Counseling Department will constitute personal health information.

Personal Information (PI)

Recorded information about an identifiable individual, including:

- (a) Information relating to the race, national or ethnic origin, colour, religion, age, sex, sexual orientation or marital or family status of the individual,
- (b) Information relating to the education, criminal or employment history of the individual or information related to financial transactions in which the individual has been involved,
- (c) Any identifying number, symbol or other particular assigned to the individual,
- (d) The personal opinions or views of the individual except where they relate to another individual,
- (e) Correspondence sent to an institution by the individual that is implicitly or explicitly of a private or confidential nature, and replies to that correspondence that would reveal the contents of the original correspondence, and
- (f) The view or opinions of another individual about the individual,

Eg. Records existing in an academic area, in the Centre for Access and Disability Services, in Learning Services will constitute personal information.

Access to Personal Information Fee Schedule

	Quantity	Fee	TOTAL	Waived
Application Fee		\$5 fee to accompany formal request		
Search for Records		\$30.00 per hour		
Photocopies or print outs		\$0.20 per page		
CD-ROMs		\$10.00 per CD-ROM		
Computer Programming(costs of developing a program to produce a record from a machine readable disk)		\$60.00 per hour		
Preparing a record for disclosure, including severing part of the record		\$30.00 per hour		
Other costs (i.e. shipping)		Actual costs		
TOTAL				

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Fees shall not exceed the prescribed amount or the amount of reasonable cost recovery, if no amount is prescribed. The College will follow the same fee schedule as outlined in the Freedom of Information and Protection of Privacy Act (FIPPA) for consistency until such time a fee schedule is set for PHIPA.

Requests for access to or correction of personal information and personal health information will be **processed within 30 calendar days**. If an extension is required it is a onetime extension, must be for the reasons specified under PHIPA and you must be notified in writing