



## Freedom of Information and Protection of Privacy (FIPPA)

The Freedom of Information and Protection of Privacy Act (FIPPA) is a provincial legislation that applies to most public institutions in Ontario, including hospitals. The Act has two main purposes:

- To make public bodies more open and accountable by providing the public with the right of access to records; and
- To protect personal information from unauthorized collection, use or disclosure by public bodies.

Headwaters is committed to conducting its business in a manner that promotes transparency and accountability. It is the practice of Headwaters, in keeping with the spirit of FIPPA, to make its operational records publicly available wherever possible.

### Making a Request

A formal request for records can be made under the Freedom of Information and Protection of Privacy Act. This request must be made in writing and must include a \$5 application fee. [Download and complete the FIPPA Request Form](#)

### Steps for Making a FIPPA Request

1. Check the Directory of Records or Directory of Personal Information Banks to make sure Headwaters maintains the information you require.

2. Download and complete the FIPPA Request Form 2020

You must clearly identify the records you are seeking. Please ensure that you provide enough detail to enable Headwaters to identify the records. The more specific your request, the more efficiently and accurately it can be answered. Be sure to include your contact information.

3. Prepare a cheque or money order for \$5 payable to “Headwaters Health Care Centre” and attach it to your request.

4. Submit your request, together with the non-refundable \$5 application fee, to:

Regional Privacy Office  
201 Georgian Drive  
Barrie ON L4M 6M2

### Receiving a Response

Headwaters will contact you to acknowledge receipt of your records request. Headwaters will make every reasonable effort to respond to a request no later than 30 calendar days after receiving it. There are some specific exceptions that warrant an extended period of time for Headwaters to respond.

### Require Assistance?

Contact the Regional Privacy Office by telephone at 705.792.3318 or 519-941-2410 extension 2578 or email [privacy@headwatershealth.ca](mailto:privacy@headwatershealth.ca).

## Appealing Procedure

Under Freedom of Information and Protection of Privacy Act, you may appeal any decision regarding access to the Ontario Information and Privacy Commissioner within 30 days from the date of receipt of the letter denying your request.

Appeals are to be submitted in writing to the Information and Privacy Commissioner / Ontario.

Ontario Information and Privacy Commissioner  
2 Bloor St. E, Suite 1400  
Toronto, ON M4W 1A8  
Tel. 416-326-3333 or Toll Free. 1-800-387-0073  
Fax 416-325-9195 or 515-832-9400  
[www.ipc.on.ca](http://www.ipc.on.ca)



# Request Form

Under the Freedom of Information and Protection of Privacy Act (FIPPA)

**Please note: a \$5 application fee is required for all requests made under FIPPA (FIPPA s.24)**

<b>Request for:</b> Access to Personal Information (relating to you) Access to General records (relating to Headwaters and affiliates)  *Access to Own Personal Information (see below) **Correction to Own Personal Information (see below)	<b>Name of Institution request made to:</b> Headwaters Health Care Centre 100 Rolling Hills Drive Orangeville, ON L9W 4X9  Attn: Regional Privacy Office
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**If request is for access to your own Personal Health Information records, please contact the Headwaters Health Records Department at 519-941-2410**

**For assistance please contact the Regional Privacy Office at 519-941-2410 ext 2578**

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Other - _____  First Name: _____  Middle Name: _____  Last Name: _____  Preferred Telephone Number: (    ) _____	Address: (Street/Apt. No./P.O. Box/R.R. No.) _____  City/Town: _____  Province: _____  Postal Code: _____
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**Please provide a detailed description of the records you are requesting.**


<b>Preferred method of access to records:</b>	<input type="checkbox"/> Receive Copy <input type="checkbox"/> Other - _____	Signature: _____	Date: _____
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By signing this form you acknowledge that Personal Information contained on this form will be collected pursuant to the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used for the purpose of responding to your request. You also acknowledge that a representative of the Privacy office may contact you at the provided number for more information as it relates to this request.

If you have any questions, or require assistance completing this form, please call 519-941-2410 ext 2578.

For Privacy Office Use Only		
Date Received:	Request Number:	Comments: