

For Internal Use Only

Received:	No:
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**Fraser Health Authority**  
**FREEDOM OF INFORMATION**  
**Request for Access to Records (Other than Personal Health Records)**

Name			
Last Name	First Name	Middle Initial	Miss/Ms/Mrs/Mr/Other
Address			
Street Address or P.O. Box	City/Town	Province/Country	Postal Code
Telephone & Fax Number(s)			
Day Phone No.	Cell Phone No.	Day Fax No.	
Email Address			
Details for Requested Information			
Please describe the records you are requesting. Be as specific as possible, as this will assist the request process. Attach a separate sheet if this space is not sufficient.			
Are you requesting access to another individual's personal information? (select one):      Yes      No If yes, please attach: a) Signed consent of the individual or their representative; or b) Proof of authority to act on that person's behalf.			
Method of Access Preferred ( <b>select one</b> ): Receive Hard Copy                      Receive Copy by Email                      Examine Record			
Signature		Date Signed	

- You may make a request for records without using this form, provided you do so in writing.
- Personal information provided on this form is collected under section 26 (c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of providing a response to your request.
- Please email or fax the completed form and all attachments to [FOI@fraserhealth.ca](mailto:FOI@fraserhealth.ca) or 604-587-4666 or mail to: Fraser Health Authority FOI Office, Legal Services Department, Central City Tower, Suite 400, 13450 102nd Avenue, Surrey BC V3T 0H1.