



BCFHT Inquiries Form

The intent of this form is to inquire about any of the following information listed below
Please note that we will respond to requests based upon urgency

Please select your inquiry:

Privacy Related Topics/Issues:

- Access to Personal Health Information
- Request to Correct Personal Health Information
- Request a Consent Directive – Lockbox
- Request to Withdraw Consent
- Privacy Incident or Complaint

General Topics/Issues:

- Report an Incident
- Complaint
- Feedback

Client Information:

Surname: _____ Given Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Date of Birth: _____

Please write down the specific details of your request:

(Please include date/time if reporting an incident)



Box 1089, 19 Oak Street
Bancroft, ON K0L 1C0

P: 613.332.1565
F: 613.332.0526

Box 578, 16 Billa Street
Bancroft, ON K0L 1C0

P: 613.332.1565
F: 613.332.0526

Box 418, 1P Manor Lane
Bancroft, ON K0L 1C0

P: 613.332.5692
F: 613.332.5749

Details continued ...

Multiple horizontal lines for writing details.

Attach pages if more space required.

Send completed forms one of the following ways:

Address General Concerns to:
Sandra McGrath, Executive Director

Address Privacy Concerns to:
Angela Holbrook, FHT Privacy Officer

Drop off in an envelope to our secure drop box at the front doors of 19 Oak St. office

OR

Address as above and mail to Box 1089, 19 Oak St. Bancroft, ON K0L 1C0

Client Signature: _____ Date: _____

Form Received by: _____ Date: _____