

Freedom of Information Request Form

Under the *Freedom of Information and Protection and Privacy Act*



Instructions and Payment

A \$5 application fee is required. Make cheques or money orders payable to 'Minister of Finance' and mail the completed form to:
Attn: FOI Lead, Ontario Health, 525 University Ave - 5th Floor, Toronto, ON M5G 2L7

Requestor's Information (Please Print)

First Name **Last Name** **Organization (if applicable)**

Mailing Address (Street, Apartment # or PO Box)

City **Province** **Postal Code**

Daytime Phone **May we leave a voicemail?**

Yes No

Email (Optional)

NOTE: Email communications are not secure and may be intercepted, viewed, changed or saved by others. By providing your email address you consent to be contacted via email.

Type of Request

Request for:

- Access to general records
- Access to my own personal information
- Access to other's personal information by authorized party
- Correction to my own personal information

Which business unit(s) does the request relate to?

- Cancer Care Ontario
- Shared Services Ontario
- Digital Services
- Quality
- HealthForceOntario
- Ontario Health Corporate Office
- Ontario Telemedicine Network

NOTE: Access requests for medical information found in the Electronic Health Record (EHR) should follow the EHR access request guidelines. Find more information on EHR access requests at www.ontariohealth.ca/privacy

Description of Records

Provide as much detail as possible to specify which records you require. If possible, provide dates for the records you are requesting.

NOTE: All requests for personal information will require proof of identity before information can be released.

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Description of Records (Continued)

Time period of records	From: (YYYY-MM-DD)	To: (YYYY-MM-DD)	Preferred Method of Access:
			Receive a copy
			Examine the original (on-site only)

Signature

Signature

Date

Personal Information contained in this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to the FOI Lead, Ontario Health at FOI@ontariohealth.ca.

Need this information in an accessible format? 1-877-280-8538, TTY: 1-800-855-0511, info@ontariohealth.ca
Document disponible en français en contactant info@ontariohealth.ca