



Freedom of Information Request

Freedom of Information and Protection of Privacy Act

Part 1: Basic Information

Request for

- Access to general records (non-personal information)
- Access to own personal information
- Access to other's personal information by authorized party
- Correction of own personal information

Payment Amount

A **\$5.00** application fee is required for each request. Payment may be made by mail or in person at Cancer Care Ontario, 525 University Avenue, 5th Floor, Toronto, Ontario M5G 2L7.

Make your cheque or money order payable to Cancer Care Ontario.

Part 2: Requester's Information

Name

Last name:

First name:

Middle initial:

Address

Unit number:

Street number:

Street name:

City/Town:

Province:

Postal code:

Telephone number: () - ext.

Email address:

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Part 3: Detailed Description of Records or Correction Request Description:

Time period of the records:

- From (yyyy/mm/dd):
- To (yyyy/mm/dd):

Method of access:

Receive a copy

Examine records on site

Part 4: Payment and Signature

\$5 application fee

Cheque (in mail) Cheque (in person)

Signature: _____ Date
(yyyy/mm/dd):

Part 5: Additional Information

Personal information contained in this form is 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.

Note: If you want a correction of personal information, please describe the correction you want and attach any supporting documents you may have. You will be told if the correction is not made and you may attach a statement of disagreement to your personal information.

Questions should be directed to
FIPPA Coordinator, Legal & Privacy Office,
Cancer Care Ontario
525 University Avenue, 5th floor
Toronto, ON M5G 2L7
Telephone: 416.217.1816
E-mail: legalandprivacyoffice@cancercare.on.ca



Office Use Only Date

received (yyyy/mm/dd):

Request number:

Comments: