



Health Information Services – FOI Office
 1235 Wilson Ave, Toronto, ON M3M 0B2
 Website: www.hrh.ca Phone: 416-242-1000 ext. 82371

Freedom of Information Request Form

Please Note: A \$5.00 application fee is required for all requests.

Cheque made payable to Humber River Hospital.

Personal Information collected on this form is collected under the authority of Humber River Hospital and the Ontario Freedom of Information and Protection of Privacy Act and will be used to respond to your request. If you have questions about this collection of personal information, please contact the Privacy Specialist, Office of Health Information Services – FOI Office (416) 242-1000 ext. 82303.

About You

PLEASE PRINT

Last Name	First Name
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Name of Company or Organization (if applicable)

Mailing Address

City/Town	Province	Postal Code
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Phone: Business	Home:	Cell:
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Email Address:	May we contact you by email? If you agree you are providing your consent to the transmission of your personal information by email. <input type="checkbox"/> Yes <input type="checkbox"/> No
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About Your Request Do you want to: Receive a copy of the record, or Examine the record

What kind of Information are you requesting to access?
 General Information: Please provide as much detail as possible about the information that you are requesting to access. Please give specific dates and time periods of the records.

Personal Information: Please provide as much detail as possible about the information that you are requesting to access. Please include all previous names, specific dates and time periods of the records. If you are requesting access to another person's information you must attach proof that you are legally authorized to act for that person.

Correction to Personal Information: Please provide as much detail as possible about the desired correction and if appropriate, attach any supporting documentation.

Signature		Date
For Hospital Use Only		
Date Received:	Request Number:	Comments: