

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

Cheques are to be 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 (FIPPA)* and will be used to respond to your request. If you have questions about this collection of personal information, please contact the Health Information Services – Privacy Office at (416) 242-1000 ext. 82303.

REQUESTOR INFORMATION

Requestor Name: _____
LAST NAME FIRST NAME

Company/Organization (if applicable): _____

Address: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

Phone Number: _____ E-mail: _____

ABOUT YOUR REQUEST

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.

Signature of Requestor: _____ Date: _____
(DD/MM/YYYY)

FOR HOSPITAL USE ONLY

Date Received:

Request Number:

Payment Received?: