

Freedom of Information Request Form

This request must be accompanied by the \$5.00 application fee. Make cheque payable to Toronto East Health Network and mail or deliver to: Information and Privacy Officer, Michael Garron Hospital, 825 Coxwell Ave. Toronto, ON M4C 3E7.

| Requester's Information | | |
|--|----------------|----------------|
| Last Name | First Name | Middle Initial |
| Mailing Address (Street, apartment #) | | |
| City | Province | Postal Code |
| Daytime telephone number | E-mail address | |

| Type of Request | |
|---|--|
| Request for: | Preferred method of access to records: |
| <input type="checkbox"/> Access to general information | <input type="checkbox"/> Examine original (on site only) or |
| <input type="checkbox"/> Access to own personal information | <input type="checkbox"/> Receive a copy |
| <input type="checkbox"/> Correction to own personal information | |

Signature

Date

| Description of Records |
|--|
| Please provide as much detail as possible about the request. Specify the time period for the records as precisely as possible. Attach a separate sheet of paper if additional space is needed. If you are requesting access to your own personal information, please include all previous names and your date of birth. Please identify the information bank or record containing the personal information you are requesting, if known. |

All requests for personal information will require proof of identification before information can be released.

Note: If you are requesting a correction of personal information, please indicate the desired correction and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

| For Michael Garron Hospital/Toronto East Health Network Only | | |
|--|----------------|----------|
| Date Received | Request Number | Comments |

Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act and will be used to respond to your request. Questions about this collection should be directed to the Information and Privacy Officer at Toronto East Health Network.