

# Freedom of Information Request Form

Under the Freedom of Information and Protection of Privacy Act



**Instructions:** A \$5 application fee is required. Make cheques or money orders payable to St. Michael's Hospital (for requests for information related to any Unity Health site, including Providence, St. Joseph's and/or St. Michael's).  
 Mail completed Form to: Information Access & Privacy Office, Unity Health Toronto, 30 Bond St. Toronto, ON M5B 1W8.

## Requester's Information (please print)

Last Name	First Name	Organization (if applicable)
Mailing Address (Street, apartment #, or PO box)		
City	Province	Postal Code
Daytime Telephone Number	May we leave a voicemail at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address	<b>Note:</b> Email communication is not secure. Emails can 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: <input type="checkbox"/> Access to general records <input type="checkbox"/> Access to own personal information <input type="checkbox"/> Correction to own personal information	For records in the custody of: <input type="checkbox"/> Providence Healthcare <input type="checkbox"/> St. Joseph's Health Centre Toronto <input type="checkbox"/> St. Michael's Hospital
--	--

## Description of Records

Make your request as clear and specific as possible. Provide as much detail as possible to specify which records you require. If possible, provide a date or time period for the records you are requesting. Use a separate sheet of paper if you need more space and attach it to this form.

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

Time period of the records:  From (yyyy/mm/dd) _____ To (yyyy/mm/dd) _____	Preferred method of access: <input type="checkbox"/> Receive a copy <input type="checkbox"/> Examine original (on site only)
--	--

## Payment and Signature

Signature _____	Date _____
-----------------	------------