

# FREEDOM OF INFORMATION REQUEST FORM

*Please note that a \$5.00 application fee is required for all requests  
(Cheques must be made payable to "St. Joseph's Healthcare Hamilton")*

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Company Name (Optional):
First Name:	Last Name:
Address: (Street/Apt. No./P.O. Box/R.R. No.)	City/Town:
Province:	Postal Code:
Primary Telephone #: (      )	Alternate Telephone #: (      )
E-Mail Address:	Fax Number:

**REQUEST FOR:**

- General Records                     
  Access to Own Personal Information (Not Health Information)                     
  Correction to own Personal Information

Detailed description of requested records, personal information or personal information to be corrected. If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the personal information, if known:

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 request that a statement of disagreement be attached to your personal information.

**PREFERRED METHOD OF COMMUNICATION:**

- Email       Fax       Mail       Telephone       if by telephone, may we leave a message?

**PREFERRED METHOD TO ACCESS RECORDS**

- Examine Original (available on-site only)       Receive Copy

Signature:	Date (yyyy/mm/dd):
For Institutional Use Only	
Date Received (yyyy/mm/dd):	Request # FF

*Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request.*

*Questions about this collection should be directed to the Freedom of Information Office at 905-522-1155 Extension 32875.*