

Request for Access under the Freedom of Information and Protection of Privacy Act

St. Michael's
Inspired Care.
Inspiring Science.

Please Note: A \$5.00 application fee is required to process all requests. Cheques and money orders should be made payable to St. Michael's Hospital.

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information	Attention: Freedom of Information Coordinator Information Access & Privacy Office St Michael's Hospital 30 Bond Street Toronto, Ontario M5B 1W8
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Please print clearly:

Last Name: _____

First Name: _____ **Middle Name:** _____

Street Address: _____ **City/Town:** _____

_____ **Province:** _____

Postal code: _____

Best Daytime Telephone Number: () _____

May we leave voice mail at this number? Yes or No (Please circle one)

Please provide a detailed description of requested records. If you are requesting access to or correction of your personal information, please identify the personal information bank or record containing the person 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.* (Attach additional sheet if necessary)

Signature: _____ **Date:** _____

For Institution Use Only		
Date Received	Request Number	Comments