

# Freedom of Information Request Form

Under the *Freedom of Information and Protection and Privacy Act*



## Instructions and Payment

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A \$5 application fee is required. Make cheques or money orders payable to 'Minister of Finance' and mail the completed form to:  
Attn: FOI Lead, Ontario Health, 525 University Ave - 5th Floor, Toronto, ON M5G 2L7

## Requestor's Information (Please Print)

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**First Name** **Last Name** **Organization (if applicable)**

**Mailing Address** (Street, Apartment # or PO Box)

**City** **Province** **Postal Code**

**Daytime Phone** **May we leave a voicemail?**  
Yes No

**Email** (Optional)

**NOTE:** Email communications are not secure and may be intercepted, viewed, changed or saved by others. By providing your email address you consent to be contacted via email.

## Type of Request

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**Request for:**

**Which business unit(s) does the request relate to?**

Access to general records

Cancer Care Ontario

Access to my own personal information

Shared Services Ontario

Access to other's personal information by authorized party

Digital Services

Correction to my own personal information

Quality

**NOTE:** Access requests for medical information found in the Electronic Health Record (EHR) should follow the EHR access request guidelines. Find more information on EHR access requests at [www.ontariohealth.ca/privacy](http://www.ontariohealth.ca/privacy)

HealthForceOntario

Ontario Health Corporate Office

## Description of Records

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Provide as much detail as possible to specify which records you require. If possible, provide dates for the records you are requesting.

**NOTE:** All requests for personal information will require proof of identity before information can be released.

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## Description of Records (Continued)

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<b>Time period of records</b>	<b>From:</b> (YYYY-MM-DD)	<b>To:</b> (YYYY-MM-DD)	<b>Preferred Method of Access:</b>
			Receive a copy
			Examine the original (on-site only)

## Signature

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**Signature**

**Date**

Personal Information contained in 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 FOI Lead, Ontario Health at [FOI@ontariohealth.ca](mailto:FOI@ontariohealth.ca).



**Need this information in an accessible format?**

1-877-280-8538  
TTY: 1-800-855-0511  
[info@ontariohealth.ca](mailto:info@ontariohealth.ca)