

# Access/Correction Request Form

## Freedom of Information and Protection of Privacy

How to complete this form:

1. Check off the appropriate box depending on whether you want to access:

- Your own information
- General records of The Scarborough Hospital
- Correct your own personal information

**Note:** More than one box can be selected.

2. If you are requesting access to or correction of your own personal information, please indicate the last name appearing on the records if different from your current surname.

3. Personal Details of Requester:

- Enter your last name, first name, middle initials and your salutation
- Enter your full mailing address, daytime and evening phone numbers. The Scarborough Hospital, Freedom of Information & Privacy Office may have to contact you if there are any questions regarding your request. Also provide your email address where correspondences can be sent in the space provided below.

4. In the description field, please be as specific as possible in describing the record. The more specific the request is, the more efficiently and accurately it can be answered. If more space is required, please continue your description on a separate sheet of paper and staple it to the request form (additional pages **MUST** be numbered and your name and the date of the request **MUST** appear at the top of each sheet, for example, John Doe, January 3, 2012, 1 of 5, etc.)

- If you are requesting your own personal information, please be sure that you give: your full name; any other names that you have previously used; and any identifying numbers that relate to the records in the description field (i.e. employee or student numbers, etc.)

5. Indicate your preferred method of accessing and viewing the record; would you like to view the records at The Scarborough Hospital or would you like a copy of the record to be sent to you?

6. Sign and date the form on the date it was completed.

If further clarification is required regarding the completion of this form, please feel free to contact The Scarborough Hospital's Freedom of Information & Privacy Coordinator by email: [fippa@tsh.to](mailto:fippa@tsh.to); fax: 416-495-2510; or by mail: Freedom of Information & Privacy, The Scarborough Hospital, 3030 Birchmount Road, Scarborough Ontario, M1W3W3.



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**Request for:**

- General Records
- Access to Own Personal Records
- Correction of Own Personal Information

**If request is for access or correction of, own personal information records, please indicate if the last name appearing on record is:**

- Same as below
- Different, please provide:

\_\_\_\_\_

Personal Details of Requester				
Last Name:	First Name:	Middle Initial:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
Address: (Street/Apt No. /P.O. Box No. /R.R. No.)		City or Town:	Province:	
Postal Code:	Telephone Number			
	Primary: (    )		Alternative: (    )	
E-Mail:				

Please provide a detailed description of the requested records, personal information records or personal information to be corrected below. If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation.

- Note: If you are requesting access to, or correction of, your personal information, please include your date of birth and identify the personal information bank or record containing the personal information, if known.

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Preferred Method of Access to Record(s):	<input type="checkbox"/> Examine Original  <input type="checkbox"/> Receive Copy				
Signature:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border: none;"></td> <td style="width: 10%; border: none; text-align: center;">Day</td> <td style="width: 10%; border: none; text-align: center;">Month</td> <td style="width: 10%; border: none; text-align: center;">Year</td> </tr> </table>		Day	Month	Year
	Day	Month	Year		

Each Separate request **MUST** be accompanied by a \$5.00 application fee to initiate the process. Cheques must be made payable to The Scarborough Hospital (payable by Cheque or Money Order).

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

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the *Freedom of Information and Protection of Privacy Act (FIPPA)*, R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact the Freedom of Information and Privacy Coordinator by e-mail: [fippa@tsh.to](mailto:fippa@tsh.to), mail: Freedom of Information & Privacy Office, The Scarborough Hospital, 3030 Birchmount Road, Scarborough Ontario M1W 3W3 or by fax: 416-495-2510. The Scarborough Hospital is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law.

