

## Access/Correction Request

*Freedom of Information and Protection of Privacy Act*

### Part 1

<b>Request for</b> <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information	<b>Payment Amount</b> A <b>\$5.00</b> application fee is required for each request, payable by cheque to the University Health Network. To make a payment by credit card, please complete the reverse of this form.
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### Part 2 Requester's Information

Last name			First name		Middle initial
Unit number	Street number	Street name			
City/Town			Province		Postal code
Telephone number ▶ ( ) ext.			E-mail address ▶		

Detailed description of requested records, personal information requested or personal information to be corrected:

**Note:** If you want a correction of personal information, please describe the correction you want and attach any supporting documents you may have. You will be told if the correction is not made and you may attach a statement of disagreement to your personal information.

Preferred method of access to records <input type="checkbox"/> Examine original <input type="checkbox"/> Receive copy	Signature	Date (yyyy/mm/dd)
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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 and Privacy Coordinator, University Health Network, R. Fraser Elliott Building, 190 Elizabeth Street, 2nd Floor, Privacy Office, Toronto, ON M5G 2C4  
 Telephone: 416 340-4800 x 7197, email [privacy@uhn.ca](mailto:privacy@uhn.ca)

Office Use Only	
Date received (yyyy/mm/dd)	Request number
Comments	

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**Part Three Credit Card Payment Information** (complete only if not paying by cheque)

- Visa                       MasterCard

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_/\_\_\_\_                      Three digit security code on reverse: \_\_\_\_\_

Amount: \$\_\_\_\_\_                      Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Cardholder Phone number: (    ) \_\_\_\_\_