



This form is not to be used for requesting Patient Health Records

Freedom of Information Request Form

Under the Freedom of Information and Protection of Privacy Act

Please Note: A \$5.00 application fee is required for all access requests.

Request for:

- ☐ Access to General Records
- ☐ Access to Own Personal Information
- ☐ Access to other's personal information by authorized party
- ☐ Correction to Own Personal Information

Request made to:

Ontario Health atHome
FOI-Corporate Records Office
920 Champlain Court, Whitby, ON L1N 6K9
Attention: Provincial Manager-Corporate Records

Email: FOI@OntarioHealthatHome.ca

Phone: 1 800 263 3877 Ext. 3242

Requestor's Information:

First Name: _____ Last Name: _____

Address: (Street/Apt.No./P.O. Box/R.R. No.)

City/Town: _____ Province: _____

Postal Code: _____

Telephone Number: _____ Email Address: _____

Description of Records or Correction Requested:

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

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

Time Period of the Records:

Specify the time period for the records as precisely as possible. Eg. From 2008/07/21 to 2009/11/30

From (yyyy-mm-dd): _____ To (yyyy-mm-dd): _____

Preferred method of access to records: ☐ Examine Original ☐ Receive Copy	Signature:	Date:
For Ontario Health atHome Use Only		
Date Received (yyyy/mm/dd):	Request Number:	Comments
Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request.		