



Freedom of Information Request Form

Under the *Freedom of Information and Protection of Privacy Act (FIPPA)*

Request for:

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

First Name: _____

Last Name: _____

Requests for access to and/or correction of personal information must be made by the individual to whom the information relates.

Address: _____

City: _____

Postal Code: _____

Telephone Number: _____

Email Address: _____

Please provide a detailed description of the requested records, personal information or personal information to be corrected. If you are requesting access to or correction of your personal information, please identify the location of the information, if known.

Signature: _____

Date: _____

Please note that this form is not to be used for personal health information requests under the *Personal Health Information Protection Act (PHIPA)*. Please contact Sinai's Health Records Department and/or the clinic where care was received for more information about obtaining medical records.

Personal information contained on this form is collected pursuant to the FIPPA and will be used for the purpose of responding to your request. By submitting this form, you are consenting to receiving correspondence from the institution at the above mailing address, telephone number and email address. Questions about this collection should be directed to the Privacy and Information Access Office.

A \$5 deposit is required at the time of form submission. Cash payments must be made in person. Cheques must be made payable to the Sinai Health Privacy and Information Access Office.