

Freedom of Information Request Form

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

Please note that a \$5 mandatory, non-refundable application fee is required to process your *Freedom of Information and Privacy* (FIPPA) request. See page 2 for instructions to fill out this form and payment options. Completed forms can be emailed or mailed to: Privacy Office, 2085 Hurontario Street, Suite 200, Mississauga, ON, L5A 4G1. Email address: fippa@thp.ca.

Requester's Information (please print)

Last Name	First Name	Organization (if applicable)
Mailing Address (Street, apartment #, or PO box)		
City	Province	Postal Code
Daytime Telephone Number	May we leave a voicemail at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address	Note: Email communication is not secure. Emails can be intercepted, viewed, changed or saved by others. By providing your email address you consent to be contacted via email.	

Type of Request

Request for:

- | | |
|---|---|
| <input type="checkbox"/> Access to general records | <input type="checkbox"/> Access to other's personal information by authorized party |
| <input type="checkbox"/> Access to own personal information | <input type="checkbox"/> Correction to own personal information |

Description of Records

Please make your request as clear and specific as possible and provide as much detail as possible. If known, provide a date, time period, and location for the records you are requesting. Please use a separate sheet of paper if you need more space and attach it to this form. If you are requesting access to, or correction of, your personal information, please specify the record.

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

Time period of the records:

From (yyyy/mm/dd)

To (yyyy/mm/dd)

Preferred method of access:

- Receive a copy
 Examine original (on site only)

Signature

Signature

Date

Page 2: Instructions for Completing FIPPA Access Request Form

Informal Access to Records

Many records at Trillium Health Partners (THP) are available to you without making a request under the *Freedom of Information and Protection of Privacy Act* (FIPPA). THP may proactively make records available through routine disclosure. Please visit: [Accountability \(thp.ca\)](#).

Personal Health Records

This form does not apply to records of Personal Health Information. You may access the form for requesting records of Personal Health Information by clicking on this link: [Consent to Disclose, Transmit, Access, or Examine Personal Health Information Form](#) or visit our website at [Health Records \(Health Records Management\)](#) for more information.

Type of Request

Please check the box that indicates what you are requesting. Records that do not contain personal information are general records.

If you are requesting access to or correction of your own personal information, please include a copy of a signed form of government identification. If you are requesting correction to your record, please be specific.

If you are requesting access to or correction of another person's personal information, please provide us with a copy of the completed request form, a copy of your government identification, the government identification of the individual on whose behalf you are making this request, and proof that you have the authority to act for this individual (e.g. power of attorney, guardian, trustee order, consent).

Description of Records

Please make your request as clear and specific as possible and provide as much detail as possible. If known, provide a date or date range (e.g. from 2024/01/01 to 2024/01/15), time period, and location for the records you are requesting. Please use a separate sheet of paper if you need more space and attach it to this form.

Payment

Please note that a \$5 mandatory, non-refundable application fee is required to process your FIPPA request. Payments can be made by cheque, money order or online by credit card. Cheques or money orders are payable to "Trillium Health Partners". Please do not send cash with your request. To make a credit card payment please click [here](#); and insert **Site Number 04873 and Hospital Account Number: B0000045523** on the payment page.

Please sign and date your request form and mail/email it, together with additional documentation as required, to the address below:

[Privacy Office](#)
[2085 Hurontario Street, Suite 200](#)
[Mississauga, ON, L5](#)
[Email: fippa@thp.ca](mailto:fippa@thp.ca)