NORTH YORK GENERAL
Making a World of Difference

Release of Information
Freedom of Information & Privacy Office
North York General Hospital
4001 Leslie Street,
Toronto, ON M2K 1E1

Access/Correction Request (page 1 of 2)

Requests should be sent to Release of Information, Freedom of Information & Privacy Office at the above address. Please note that a $5.00 application fee is required (cheque payable to North York General Hospital), or please complete the credit card information on the reverse of this form). If you have any questions about the process, please call 416-756-6448 or email: Rita.Reynolds@nygh.on.ca

Request for: ☐ Access to General Records ☐ Access to Own Personal Information ☐ Correction to Own Personal Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Please Print:

First Name: _____ Last Name: _____

Address: (Street/Apt. #, P.O. Box/R.R. #):

_____

City/Town: _____ Province: ____ Postal Code: _____

Telephone (Day): ( ) _____ (Evening): _____

Please provide a detailed description of requested records. If you are requesting a correction of personal information, please describe the desired correction, and attach any supporting documentation. If you are requesting access to your own personal information, please include a copy of a signed form of identification.

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This request should be submitted to Release of Information, Freedom of Information & Privacy Office. Please note that a $5.00 application fee is required for all requests (cheque made payable to North York General Hospital, OR complete the credit card payment information below).

Preferred Method of Access to Records:

- ☐ Receive Paper Copy
- ☐ Receive Electronic Copy
- ☐ Examine Originals at Hospital

Requester's Signature: _____

Date: _____

Credit Card Payment Information (complete only if not paying by cheque or cash)

☐ Visa ☐ MasterCard

Card Number: _____

Expiry: ____ /____ Three digit security code on reverse: _____

Amount: $:_____ Name of Cardholder: _____

Signature of Cardholder: _____

Cardholder Phone number: ( ) _____

For North York General Hospital Use Only

Date Received	Request Number	Comments