



FOI Access Request Form

Please see instructions on page 2 before completing this form.

Do not use this form for requesting records of Personal Health Information.

You may access the correct form for requesting records of Personal Health Information by clicking on this [LINK: Consent to Disclose Personal Health Information](#) or visit our web site at [Hamilton Health Sciences/Patients and Visitors/Patients Privacy and Personal Health Information/Forms/Consent to Disclose Personal Health Information](#).

A. Type of Request	
Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Access to Other's Personal Information	Request made to: <input type="checkbox"/> King West <input type="checkbox"/> McMaster University Medical Centre <input type="checkbox"/> Hamilton General Hospital <input type="checkbox"/> McMaster Children's Hospital <input type="checkbox"/> Juravinski Hospital <input type="checkbox"/> St. Peter's <input type="checkbox"/> Juravinski Cancer Centre <input type="checkbox"/> Urgent Care Centre

B. Requester's Information				
Last name		First name		Middle initial
Unit/Apt. no.	Street no.	Street name		PO box
City/Town			Province	Postal code
Home phone no. (include area code)		Business/mobile no. (include area code)		

C. Description of Records Requested	
Time period of the records From (yyyy/mm/dd) To (yyyy/mm/dd)	Preferred method of access to records: <input type="checkbox"/> Receive Copy <input type="checkbox"/> Examine Original

D. Payment and Signature (send payment by mail, or visit the cashier office at one of the HHS sites)		
\$5 Application fee: <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Debit	Signature:	Date (yyyy/mm/dd)

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 Specialist of Hamilton Health Sciences.

E. Institution Use Only		
Date Received:	Request Number:	Comments:

Instructions for Completing Access Request

Informal Access to Records

Many records of Hamilton Health Sciences are available to you without making a request under the *Freedom of Information and Protection of Privacy Act*. Please visit our web site for a list of documents publicly available or contact the HHS Freedom of Information Specialist to determine whether you need to make a formal request.

A. Type of Request

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Check the box that indicates what you are requesting (Records that do not contain personal information are general records).

The FOI Specialist is required to verify your identity before giving you access to your own personal information.

If you are requesting another person's personal information records, you must provide proof that you have the authority to act for them (e.g. power of attorney, guardian or trustee order).

B. Requester's Information

Please ensure you have entered your name, address and telephone numbers accurately.

C. Description of Records

Provide as much detail as possible about the requested general records, own personal information, other's personal information. Use a separate sheet of paper if you need more space and attach it to this form.

If you are requesting personal information records, provide the name that should appear on them.

Specify the time period for the records as precisely as possible, e.g. from 2008/07/21 to 2009/11/30.

Check a box to indicate whether you want to examine original documents (which may only be done on site) or receive copies.

D. Payment and Signature

A \$5 application fee is required. Make cheques payable to Hamilton Health Sciences.

Sign and date the form and mail it or submit it in person to _____.

Privacy and Freedom of Information Office
Hamilton Health Sciences – King West
P.O. Box 2000, Hamilton, ON L8N 3Z5

Tel: 905-521-2100, Ext. 75126
Fax: 905-577-8474
Email: foi@hhsc.ca

Please do not send personal information via email or fax.