



**Compliance & Privacy Office**  
The Hospital for Sick Children  
Privacy.office@sickkids.ca  
555 University Avenue  
Toronto, ON M5G 1X8

## FOI RECORDS REQUEST FORM

*Freedom of Information and Protection of Privacy Act*

**Application Fee:** You will receive an invoice from the Compliance & Privacy Office following receipt of your Form, with instructions for you to make an electronic payment of the application fee in the amount of **\$5.00**. The application fee is mandatory and non-refundable and must be received before the hospital will process your request. Please do not send cash or cheques.

**Request for:**

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

**Please Print**

Last Name:

First:

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

City:

Province:

Postal Code:

Phone:

E-mail Address:

Preferred Method of Access:    Paper Copy       Electronic Copy       Examine Original

Please provide a detailed description of the requested records, personal information, or personal information to be corrected. 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 government ID.

Signature of Applicant:

Date:

**For Hospital Use Only**

Date Received:

Request File No: