

# Access/Correction Request

Privacy Office

Your request should be sent to the Privacy Office, Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Road, Toronto ON M4G 1R8. Please note that there is a \$5.00 application fee (cheque payable to Holland Bloorview Kids Rehabilitation Hospital, or please complete the credit card information on the reverse of this form). If you have any questions about the process, please call the Privacy Office at 416-425-6220 ext. 3467.

## Request for:

<input type="checkbox"/> Access to General Records	<input type="checkbox"/> Access to Own Personal Information	<input type="checkbox"/> Correction of Own Personal Information
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Mr.  Mrs. Ms.

Please print

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province & Postal Code: \_\_\_\_\_

Telephone (Day): (    ) \_\_\_\_\_ (Evening): (    ) \_\_\_\_\_

**Detailed Description** of requested general or personal information records or personal information to be corrected. (If you are requesting a correction of personal information, please indicated the desired correction and attach any supporting documentation. If you are requesting correction or access to your own personal information please include a photocopy of a signed government-issued identification.)

Preferred Method of Access:

Receive Paper Copy

Examine Originals at Hospital

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Day                      Month                      Year

The personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of responding to your request. Questions about this collection should be directed to Privacy Office, Holland Bloorview Kids Rehabilitation Hospital, 150 Kilgour Rd., Toronto ON M4G 1R8 or 416-425-6220 ext. 3467.

**Credit Card Payment Information** (complete if not paying by cheque)

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Card Number: _____	
Expiry: ____/____	Three digit security code on reverse: _____
Amount: <b>\$ 5.00</b>	Name of Cardholder: _____
Signature of Cardholder: _____	
Cardholder Phone number: (    ) _____	

**SUMMARY OF FEES**

**A: FEES FOR REQUESTS FOR PERSONAL INFORMATION**

A request for your own information is considered to be a "personal information request".

<b>Application fee:</b>	<b>\$5.00</b> to be paid when you submit your request. <b>Application fee is mandatory and not subject to a fee waiver</b>
<b>Photocopying:</b> on site and selecting records	<b>20 cents per page</b> (you will have the option of viewing originals to be copied)
<b>Computer Programming:</b>	<b>\$15.00 per ¼ hour</b> if needed to develop program to retrieve information
<b>Disks/CD's:</b>	<b>\$10.00 each</b>

**B: FEES FOR REQUESTS FOR GENERAL INFORMATION**

<b>Application fee:</b>	<b>\$5.00</b> to be paid when you submit your request. <b>Application fee is mandatory and not subject to a fee waiver</b>
<b>Search Time:</b>	<b>\$7.50 per ¼ hour</b> required to search and retrieve records
<b>Record preparation (i.e. severing):</b>	<b>\$7.50 per ¼ hour</b> required to prepare records for release
<b>Photocopying:</b>	<b>20 cents per page</b> (you will have the option of viewing originals on site and selecting records to be copied)
<b>Computer Programming:</b>	<b>\$15.00 per ¼ hour</b> if needed to develop program to retrieve information
<b>Disks/CD's:</b>	<b>\$10.00 each</b>

**Note:** The time for processing access requests is 30 days. A time extension, however, may be applied where necessary.

<b>OFFICE USE ONLY (010.7111000000-_____)</b>	
Date request received: _____	Date Application Fee received: _____
Due date: _____	Request Number: _____
Type of Identification attached if Personal Information Requested: _____	