

FREEDOM OF INFORMATION ACCESS / CORRECTION REQUEST FORM

Submit this form to the Privacy Office at the above address.
 Access to General Records or Personal Information requires a \$5.00 application fee (cheque payable to London Health Sciences Centre, or you may provide credit card information below). See page 2 for information about additional fees.
 Access or Correction to Personal Information requires verification of identity. Please include a copy of photo identification or arrange to meet with the Privacy Office.
 If you have questions or have not received an acknowledgement within 10 days, please call the Privacy Office.

Request For: Access to General Records Access to Own Personal Information Correction to Own Personal Information

(Please print clearly)

First Name: _____ Last Name: _____
 Other Name (if applicable) _____
 Address: (Street/Apt. No./P.O. Box/R.R. No.): _____
 City/Town/Province: _____ Postal Code: _____
 Telephone (Day): _____ Email: _____
 Alternate - Telephone Number(s): _____
 Email address: _____

Provide a detailed description of 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.

Preferred Method of Access to Records:

Paper Electronic Examine records at the hospital

Date (YYYY/MM/DD): _____ Requestor's Signature: _____

PAYMENT INFORMATION:

Cheque for \$5 payable to London Health Sciences Centre is attached
 Credit Card*

*If paying by credit card (Visa, MasterCard, Amex), please call the LHSC Business Office at 519-685-8500 ext. 33146 and reference the file number provided to you by the Privacy Office. File #: _____

FOR LONDON HEALTH SCIENCES CENTRE USE ONLY

Date Received: _____ Request Number: _____

VERIFICATION OF IDENTITY:

Form of ID: _____ Verified and shredded by: _____

SUMMARY OF FEES

Additional fees beyond the \$5.00 application fee may apply to your request. Allowable fees are outlined below. If additional fees apply, you will be notified in writing and have the option to accept the fees, narrow your request to reduce the fees, or withdraw your request.

A. FEES FOR REQUESTS FOR PERSONAL INFORMATION:

A request for your own information is considered to be a 'personal information request.' The following fees apply:

Application Fee:	\$5.00 – to be paid when you submit your request. The application fee is mandatory and LHSC cannot waive this fee.
Photocopying:	\$0.20 per page
Computer Programming:	\$15.00 per 15 minutes if needed to develop a program to retrieve information

B. FEES FOR REQUESTS FOR GENERAL INFORMATION:

All other requests for information are considered to be 'general requests.' The following fees apply:

Application Fee:	\$5.00 – to be paid when you submit your request. The application fee is mandatory and LHSC cannot waive this fee.
Search Time:	\$7.50 per 15 minutes required to search and retrieve records.
Record Preparation:	\$7.50 per 15 minutes required to prepare records for disclosure (e.g. severing a record)
Photocopying:	\$0.20 per page
Computer Programming:	\$15.00 per 15 minutes if needed to develop a program to retrieve information.

Note: The processing time for Freedom of Information Requests is 30 days; however, time extensions may be applied where necessary.