



**Trillium
Health Partners**
Better Together

Privacy Office
The Credit Valley Hospital
Room 1F648 – Health Information Management
2200 Eglinton Avenue West
Mississauga, ON L5M 2N1
FIPPA@thp.ca

Credit Valley Hospital Mississauga Hospital Queensway Health Centre

Freedom of Information Request Form (page 1 of 2)

This request should be submitted to Trillium Health Partners' Information and Privacy Office. Please note that a \$5.00 application fee is required for all requests (cheques made payable to Trillium Health Partners)

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

Mr. Mrs. Ms. Miss

First Name: _____ Last Name: _____

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

_____ Postal Code: _____

_____ Telephone: _____

Province: _____ Email: _____

Provide a detailed description of requested records, personal information, or personal information to be corrected. If you are requesting general records, please provide the date periods of the records you wish to access (e.g., records from 2007-2009). If you are requesting access to, or correction of, your personal information, please identify the personal information bank or record containing the personal information, if known. Requests for access to and/or correction of personal information must be made by the individual to whom the information relates.

Please note: if you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

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 FIPPA@thp.ca



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Freedom of Information Request Form (page 2 of 2)

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Page 2 Identifier: Requestor's Name: _____

Preferred Method
of Access to Records:

Receive a Copy

Examine Originals
at Hospital Location

Signature: _____ Date: _____

For Trillium Health Partners Use Only

Date Received

Request Number

Comments

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