



**Trillium
Health Partners**
Better Together

Information and Privacy Office
Trillium Health Partners
Clinical Administration Building, 5th Floor
100 Queensway West
Mississauga, ON L5B 1B8
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 (cheque made payable to Trillium Health Partners, or cash payments are accepted).

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 (Day): _____

Province: _____ Telephone (Evening): _____

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.

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 the Information and Privacy Coordinator at Trillium Health Centre.



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Freedom of Information Request Form (page 2 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 (cheque made payable to Trillium Health Partners, or cash payments are accepted).

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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