



**Privacy & Freedom of Information Office**

Rouge Valley Health System  
 2867 Ellesmere Road  
 Toronto, ON M1E 4B9

Freedom of Information and Protection of Privacy Act

**Request for Access to Records**

Your Name					
Last Name	First Name	Middle Name	Miss Mr.	Ms. Other:	Mrs.
Street, Apartment Number, P.O. Box		City/Town	Province/Country	Postal Code	
Day Phone Number ( )	Alternate Phone Number ( )	Email (optional)			
Request Category					
Access to General Information		Access to Personal Information		Correction of Personal Information	
Details of Requested Information					
<b>Information Requested</b> (Please describe the records you are requesting. Be as specific as possible, as this will assist the request process. Attach a separate sheet if the space below is not sufficient.)				Please specify any reference or file number(s), if known.	
Are you requesting access to another person's personal information?      Yes      No (If so, please attach, as appropriate: a) That person's signed consent for disclosure, or b) Proof of authority to act on that person's behalf.)					
<b>Preferred Method of Access to Records</b>  Receive Electronic Copy Receive Paper Copy Examine Original at Hospital		<b>Your Signature</b>			<b>Date Signed</b> (YYYY MM DD)
For Rouge Valley Health System (RVHS) Use Only					
Request Number	Comment				
	Date Received (YYYY MM DD)		Received by Office:		
<ul style="list-style-type: none"> <li>You may make a request for access to records without using this form, provided you do so in writing.</li> <li>Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used only for the purpose of responding to your request. If you have any questions about the process please contact the RVHS Privacy and Freedom of Information Office at <a href="mailto:privacy@rougevalley.ca">privacy@rougevalley.ca</a> or 416-284-8131 ext. 7782.</li> <li>Please Note: a \$5.00 application fee is required to process all requests subject to FIPPA (cheque or money order payable to RVHS).</li> <li>Pursuant to FIPPA, fees may be charged for activities which are required to process your request. For more information visit our website: <a href="http://www.rougevalley.ca/access-to-information">www.rougevalley.ca/access-to-information</a> or contact the RVHS Privacy and Freedom of Information Office at <a href="mailto:fippa@rougevalley.ca">fippa@rougevalley.ca</a>.</li> </ul>					