

Information and Privacy Office Runnymede Healthcare Centre 625 Runnymede Road Toronto, ON M6S 3A3 416-762-7316 ext. 2117 info.privacy@runnymedehc.ca

Access to Personal Information and Correction of Personal Information										
This request form should be submitted to Runnymede Healthcare Centre's Information and Privacy Office at the above address. Please note that a \$5.00 application fee is required (cheque payable to Runnymede Healthcare Centre). If you have any questions regarding this process please contact the Information and Privacy Office.										
Request For:		Access to)			Access to Own			Correction to Own	
		General				Personal			Personal	
		Records				Information			Information	
☐ Mr.	☐ Mrs.		□ N	ls.	☐ Miss	S.				
First Name:						Last Name: _				
Address: (Street	/Apt No	.)								
City/Town: Province:				ce:	Postal Code:					
Telephone (Day):						Telephone (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 state the desired correction and attach any supporting documentation.)										
Preferred metho Access to record				Receive A Copy			Examine Hospital	Original A Location	t	
Signature:						Date:				
Personal information contained on this form is collected pursuant to the <i>Freedom of Information and Protection of Privacy Act</i> (FIPPA) and will be used for the purpose of responding to your request. Questions about this collection should be directed to the Information and Privacy Office.										



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~ For Information and Privacy Office Use Only ~										
Name of: Hospital Personnel:		-								
Title of: Hospital Personnel:		-								
Date Received:		-								
Request Number:		-								
Comments:		-								