

Request Form

Under the Freedom of Information and Protection of Privacy Act

Please Note: A \$5.00 application fee is required for each request payable to:
Ontario Telemedicine Network, 438 University Avenue, #200, Toronto, Ontario M5G 2K8.

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information		Name of Requesting Institution or Individual:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss			
First Name:		Middle Name:	Last Name:
Address: Street / Apt No. / P.O. Box / R.R. No.			
City / Town:		Province:	
Postal Code:			
Telephone No. (Day):		Telephone No. (Evening):	
Note: <ul style="list-style-type: none">• If you are requesting access to you own personal information, kindly note that OTN will request appropriate documentation (e.g., copy of driver's license) to validate your identity prior to releasing any personal information.• If you wish to request a correction to your personal information, please refer to and complete the following form.			
Detailed description of requested records or personal information. (If you are requesting access to of your personal information, please identify the personal information bank or record containing the personal information, if known.)			
Time Period of the records:			
From: Click or tap to enter a date		To: Click or tap to enter a date	
Signature:		Date: Click or tap to enter a date	

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 OTN Privacy Office at privacy@otn.ca.

Below is for OTN Use Only

Date Received: Click or tap to enter a date	Request Number:
Comments:	