



Freedom of Information (FOI) Office
 St. Joseph's Health Care London
 268 Grosvenor Street
 London, ON N6A 4V2
 519-646-6100 ext. 65582

Access/Correction Request

Requests should be submitted to the Freedom of Information Office at the above address. A \$5 application fee is required (cheque payable to St. Joseph's Health Care London). If you have questions or have not received a telephone call from us within 10 days of your request, please call 519-646-6100 ext.65582

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

Check One: Mr. Mrs. Ms. Miss **Please print clearly**
 First Name: _____ Last Name: _____
 Address: (Street/Apt. No./P.O. Box/R.R. No.): _____
 City/Town/Province: _____ Postal Code: _____
 Telephone (Day): (____) ____-____ Email: _____

Please provide a detailed description of requested records, personal information, or personal information to be corrected. If you are requesting a correction of personal information, please describe the desired correction, and attach any supporting documentation. If you are requesting access to your own personal information, please include a copy of a signed form of identification:

Preferred Method of Access to Records: Paper Electronic Examine Originals at Hospital

Requester's Signature: _____
 Date: _____

For St. Joseph's Health Care London Use Only

Date Received	Request Number	Comments