

REQUEST FOR ACCESS TO GENERAL RECORDS

Application Fee: An application fee of **\$5.00** is to accompany all requests for information under the *Freedom of Information and Protection of Privacy Act.* Please make cheque/money order payable to Lakeridge Health and forward to the Privacy Office at 1 Hospital Crt., Oshawa, ON L1G 2B9

Please include a copy of the signed "Access Request" form				
Last Name:	First Name:			Initial:
Daytime Telephone #	Eve	Evening or Cell #		
Address:				Apt #
City/Town:	Province:		Postal Code:	
Detailed description of requested	general records.			
Preferred Method of Access:	Examine Original	OR	Receive Copy	
Preferred Method of Delivery:	Mail Cou	ırier	Pickup	
Signature of Applicant		 Date	(day / month /	year)

The Personal Information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act. The information will be used for the purpose of responding to your request.

SUMMARY OF FEES

Fees for Requests for General Information

Application Fee \$5.00 to be paid when you submit your request.

Application fee is mandatory and not subject to a fee

waiver.

Search Time \$7.50 per 15 minutes required to search and retrieve

records.

Record preparation

(i.e. severing)

\$7.50 per 15 minutes required to prepare records

for release

Photocopying 20 cents per page

(Requestor will be provided the option of viewing originals on site and selecting records to be copied).

Computer \$15.00 per 15 minutes if needed to develop a

Programming program to retrieve information

Discs / CDs \$10.00 each

External costs Any other costs incurred in responding to a request

for access to a record

Shipping Actual costs to deliver as indicated by requestor.