

**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 # 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 Courier 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** $7.50 per 15 minutes required to prepare records

**(i.e. severing)** 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.