



## Freedom of Information and Protection of Privacy Request for Access to Organizational Records

Freedom of Information & Privacy Office – B309  
Joseph Brant Hospital  
1230 North Shore Blvd.  
Burlington, ON L7S 1W7

**NOTE:** A \$5.00 **non-refundable** application fee must accompany all requests for information. Personal information on this form collected under the authority of the Ontario *Freedom of Information and Protection of Privacy Act (RSO 1990)*, is protected under the provisions of privacy legislation. The information will be used only for the purposes of responding to your request and for statistical reporting.

### YOUR NAME

Mr.  Ms.  Dr.  
 Mrs.  Miss

Last Name:

First Name:

### YOUR ADDRESS

Name of company or organization (if applicable):

Mailing Address:

City/Town:

Province:

Postal Code:

### YOUR TELEPHONE / FAX / EMAIL

Day Phone No.:

Alternate Phone No.:

Fax No.:

E-mail Address:

### DETAILS CONCERNING REQUESTED INFORMATION

To which type(s) of records are you requesting access?

General Records  Personal Records

Time Period Covered – From (YYYY/MM/DD): \_\_\_\_\_ (YYYY/MM/DD): \_\_\_\_\_

Please describe the records, providing as much detail as possible. If you wish to access your own personal information, be sure to give all previous names. Attach a separate sheet if the space below is not sufficient.

Are you requesting access to another person's personal information?  Yes  No

If so, please attach either one of the following: a) the respective person's signed consent for disclosure; or b) proof of authority to act on the respective person's behalf.

Preferred method of viewing records:

Examine Originals  
 Receive Copy

Your signature:

Date Signed (YYYY/MM/DD):

### FOR OFFICE USE ONLY

Request #: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

Response Deadline: \_\_\_\_\_

Status:  Approved  Denied

Acct #: 011.701.1101053.1202000

Extension Req'd?  No

Yes – New Deadline \_\_\_\_\_

Comments: \_\_\_\_\_

Request Category:  Personal

Non-Personal

Continuing

From: \_\_\_\_\_ To: \_\_\_\_\_

Fee Estimate?  \$ \_\_\_\_\_

Notification to Requestor \_\_\_\_\_ (date)

Approval to Proceed \_\_\_\_\_ (date)

Notes:

Total Payment Req'd: \$ \_\_\_\_\_

Downpayment Req'd?  \$ \_\_\_\_\_ (date)

Downpayment Rec'd \_\_\_\_\_ (date)

Total Payment Rec'd: \$ \_\_\_\_\_

Request Completed: \_\_\_\_\_ (date)

Initials: \_\_\_\_\_

Persons making a request for access to information or correction of personal information are required by Freedom of Information and Protection of Privacy Act (FIPPA) to pay fees for the activities required to process their request in accordance with the fee structure outlined below. For requests involving significant costs (>\$100) a deposit will be required prior to proceeding with copying of documents. All payment for service is due in full at the time that service is provided.

<b>Fees for access to general information<sup>(a)</sup></b>	
Application fee	\$5.00
Photocopies and computer printouts	\$0.20 per page
Disks	\$10 per disk
Manually searching for a record	\$7.50 for each 15 minutes (\$30 per hour) spent by any person
Preparing a record for disclosure, including severing part of a record	\$7.50 for each 15 minutes (\$30 per hour) spent by any person
Developing a computer program or other method of producing a record from a machine-readable record	\$15 for each 15 minutes (\$60 per hour) spent by any person
Cost, including computer costs, incurred to locate, retrieve, process and copy record(s) as specified in an invoice received by JBMH.	Actual costs
<b>Fees for access to personal information (excludes personal health information)<sup>(a)</sup></b>	
Application fee	\$5.00
Photocopies and computer printouts	\$0.20 per page
Disks	\$10 per disk
Preparing a record for disclosure, including severing part of a record	\$7.50 for each 15 minutes (\$30 per hour) spent by any person
Developing a computer program or other method of producing a record from a machine-readable record	\$15 for each 15 minutes (\$60 per hour) spent by any person
Cost, including computer costs, incurred to locate, retrieve, process and copy record(s) as specified in an invoice received by JBMH.	Actual costs

*(a) Pricing structure is established by the Freedom of Information & Protection of Privacy Act, Regulation 460*

**Additional Information Regarding Requests Made to Joseph Brant Hospital Under FIPPA:**

- Payment can be submitted using Visa, Mastercard or cheque (made payable to Joseph Brant Hospital). Cash or debit transactions may be done in person.
- Once a complete request is received, the Hospital will have 30 days from the date of receipt, to process the request in full. A “complete” request is one that:
  - is made in writing to Joseph Brant Hospital, eg. by completing this form
  - contains sufficient detail to enable an experienced employee of the Hospital to identify the record(s) requested
  - is accompanied by the \$5.00 application fee
- Requests for a large number of records might require a time extension (such notification will be provided to the requestor); as well, a fee estimate may also be required.
  - Where costs of processing FOI requests are estimated to be greater than \$25, but less than \$100, the requestor will be notified of this amount and payment in full will be required prior to release of documents.
  - Where costs of processing FOI requests are estimated to be greater than \$100, a detailed Interim Decision Letter / Fee Estimate will be sent to the requestor, itemizing the required fees and requesting payment of 50% of the estimated fee before taking further steps to respond to the request for access (per S. 7 of Reg. 460 of FIPPA).