



REQUEST For Casey House Information

--- FOR INTERNAL USE ONLY ---

CASEY HOUSE

Request #: _____
(e.g. FIPPA_01 or PHIPA_01)

Type of Request:

Freedom of Information and Protection of Privacy Act (FIPPA)

Payment of the \$5 application fee is required prior to Casey House Hospice responding to the request. Cheques should be made payable to Casey House Hospice.

Personal Health Information Protection Act (PHIPA)

Please complete and submit this form. Casey House will make every effort to respond to your request within 30 days of receipt of the completed request.

Email: freedomofinformation@caseyhouse.on.ca (for FIPPA requests) **OR** privacy@caseyhouse.on.ca (for PHIPA requests)

Fax: 416 962 5147

Mail: Freedom of Information Officer (for FIPPA requests) **OR** Privacy Officer for (PHIPA requests)

Casey House, 9 Huntley Street, Toronto, Ontario, M4Y 2K8

If you have any questions or concerns regarding FIPPA please contact the Freedom of Information Officer at freedomofinformation@caseyhouse.on.ca or 416 962 7600 ext 227. If you have any questions or concerns regarding PHIPA please contact the Privacy Officer at privacy@caseyhouse.on.ca or 416 962 7600 ext 268.

Requestor Information:

Last Name		First Name	Initial
Organization	Street Address		City, Province
Postal Code		Telephone Number	
Date of Birth (Applicable to PHIPA requests only)		Health Record Number (Applicable to PHIPA requests only)	

Substitute Decision Maker or Authorized Requestor: (Applicable to PHIPA requests only)

Please attach copies of valid documents that demonstrate your authority to act as a legal substitute requestor.

Last Name		First Name	Initial
Street Address		City, Province	
Postal Code		Telephone Number	

Access Request:

Please describe what Casey House information you require and include all details that will help locate this information (e.g., minutes, contact, client Casey House number, dates, name of provider, etc.)

How would you prefer to access this information? Please check one.

Examine originals in the facility Receive hard copies of originals (An administrative fee will be applied for this service.)

If receiving hard copies, how would you prefer to receive this information? Please check one.

Mailed to the address above Pick up by requestor at Casey House
(Signature required) (Valid picture ID must be provided upon pick up.)

Signature	Printed Name	Date (MM/DD/YY)
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