

For Office Use Only **Date Received**

Access Request Form
Freedom of Information and Protection of Privacy Act

Request For:			☐ Access to General Records ☐ Access to Own Personal Records*			
*If the personal Records you contact: The Ottawa Hospital HR Depa University of Ottawa Heart In	rtment: Civic 613-76	1-4727, Genera	al 613-73	7-8330	•	·
Requester's Informa	tion					
☐ Mr ☐ Mrs ☐ Ms ☐ Miss						
Last Name:	First N		Name:		Middle Name or Initial:	
Unit Number:	Street Number:		Street Name:			
City:	Province			Postal Code:		Country:
Day time Telephone Number:			Evening Telephone Number:			
Email Address:						
Detailed description of requested records						
Department(s) holding requested record(s), if known:						
Preferred method of Examine Original	access to recor		ature		Date ((yyyy/mm/dd)
Payment Amount: A \$5.00 application fee is required for each request. Payment may be made by mail or in person at the University of Ottawa Heart Institute, Finance and Administration H5238, 40 Ruskin St, Ottawa, ON, K1Y 4W7. Please make your cheque or money order payable to the University of Ottawa Heart Institute. Personal Information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your requests. Questions about this collection should be directed to: The Freedom of Information and Privacy Coordinator, University of Ottawa Heart Institute						
The Freedom of Information and Privacy Coordinator, University of Ottawa Heart Institute, Finance and Administration H5238, 40 Ruskin St, Ottawa, ON, K1Y 4W7. Telephone: (613)696-7000 x14929 Email: privacy@ottawaheart.ca						

Request Number

Comments: