

## REQUEST FOR ACCESS TO INFORMATION AND CORRECTION FORM

Requester's full name:

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Address:

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City: ----- Province: ----- Postal code: -----

Phone number: -----

Email: -----

### **Information Requested**

Please describe the information you are requesting. Be as specific as possible. Include any relevant dates, names, descriptions, etc.:

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### **Purpose of Request**

Please briefly describe why you are requesting this information:

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### **Request for Correction**

If the information you are requesting is about you or your child, and you believe that there might be errors or inaccuracies, you can request a correction. Please describe the information you believe is incorrect and provide the correct information, if known:

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### **Purpose of Correction**

Please briefly describe why you are requesting this correction:

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### **Authorization**

I understand that this request for information and correction is subject to the organization's policies and procedures as well as provincial and federal laws. I affirm that the information given in this form is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please mail or deliver to:**

ErinoakKids  
Health Records  
10145 McVean Drive  
Brampton, ON  
L6P 4K7

Telephone: 905-855-2690 (toll free 1-877-374-6625) extension 2435.

**For Office Use Only**

Received by (name and position): \_\_\_\_\_

Date received: \_\_\_\_\_