

REQUEST For Casey House Information

FOR INTERNAL USE ONLY
Request #: (e.g. FIPPA_01 or PHIPA_01)

Type of Request:			(e.g. r rr	FA_UTULFIIIFA	
\square Freedom of Information and Protection	n of Privacy Act (FIP	PA)			
Payment of the \$5 application fee is required payable to Casey House Hospice.	orior to Casey House Ho	ospice responding to the rec	quest. Cheques should	d be made	
\square Personal Health Information Protection	n Act (PHIPA)				
Please complete and submit this form. Case receipt of the completed request.	ey House will make ev	very effort to respond to	your request within 3	30 days of	
Email: freedomofinformation@caseyhouse.ca (for Fax: 416 907 7186 Mail: Freedom of Information Officer (for FIPPA in Casey House, 119 Isabella Street, Toronto	requests) OR Privacy Of		r PHIPA requests)		
If you have any questions or concerns regarding freedomofinformation@caseyhouse.ca or 416 96 contact the Privacy Officer at privacy@caseyhou	62 7600 ext 7500. If you	have any questions or con-		A please	
Requestor Information:					
Last Name		First Name)	Initial	
Organization	Street Addres	cs	City, Province	e	
Postal Code		Telephone Number			
Date of Birth (Applicable to PHIPA re	equests only)	Health Record Number (Applicable to PHIPA requests only)			
Substitute Decision Maker or Authorized Please attach copies of valid documents that					
Last Name		First Name Initial		Initial	
Street Address		City, Province			
Postal Code		Telephone Number			
Access Request: Please describe what Casey House informa (e.g., minutes, contact, client Casey House			Il help locate this info	ormation	
How would you prefer to access this information	ation? Please check	one.			
\square Examine originals in the facility $\;\square$ Rece	eive hard copies of ori	ginals (An administrative fee	will be applied for this se	ervice.)	
If receiving hard copies, how would you pre	fer to receive this info	rmation? Please check	one.		
	up by requestor at Ca	•			

Printed Name

Signature

Date (MM/DD/YY)