



ACCESS REQUEST FORM (CANADA)

Privacy Officer
4770 Sheppard Ave E
Toronto, ON M1S 3V6
Tel: 416-759-4111
privacy@pharmamedica.com

An application fee of \$5.00* must accompany all requests for personal information. Please make certified cheque/money order payable to **Pharma Medica Research Inc.** and forward to the **PMRI** Privacy Officer at the address above with this completed form.

*Fees: Please note that you will be informed if additional processing costs (i.e. retrieval) apply.

If your address is different from what we have on file, please include a copy of a government issued, signed form of identification.

Your Information:

Mr. Mrs. Ms. Miss ID CODE: _____

First name _____ Last Name _____

Birth Date _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Evening _____

A telephone message can be left

Provide a detailed description of the personal information you are requesting access to, as well as any details that will assist us in locating the information (study number, dates, etc):

Preferred method of access to records: Examine original OR Receive a copy by mail

Signature _____ Date _____

For PMRI Use Only:	
Date Application Fee Received:	Receipt Number:
Request Received:	Date:
Response:	Date:
Comments:	

The personal information on this form is collected pursuant to the *Personal Information Protection and Electronic Documents Act*. The information will be used for the purpose of administering your request. Questions about this collection should be directed to the Privacy Officer at 416-759-4111, 4770 Sheppard Ave E, Toronto, ON M1S 3V6.