

**REQUEST TO RESTRICT THE USE OF PERSONAL INFORMATION
FOR FUNDRAISING AND PATIENT SURVEY PURPOSES**

The information on this form is used to stop any further use of your personal information for fundraising and patient survey purposes at London Health Sciences Centre (LHSC) and/or St. Joseph's Health Care, London (St Joseph's). Should you have any questions about this form, contact our LHSC and St Joseph's Privacy Office at 519-685-8500 or 519-646-6000 ext. 32996 (the extension is the same for both hospitals)

A. Your contact information *(please print)*

(Legal) Last Name	First Name	Middle Name		
Street Address	City	Postal Code		
Telephone No.	Date of Birth (dd/mm/yyyy)	Sex (M/F)	Health Card Number	Version Code

B. I wish to stop any further use of my personal information for the following purposes: *(please check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Patient surveys --> <u>specify</u> | <input type="checkbox"/> London Health Sciences Centre |
| | <input type="checkbox"/> St. Joseph's Health Care London |
| <input type="checkbox"/> Fundraising --> <u>specify</u> | <input type="checkbox"/> London Health Sciences Foundation |
| | <input type="checkbox"/> St. Joseph's Health Care Foundation |
| | <input type="checkbox"/> Children's Health Foundation <i>(please complete Section C.)</i> |

C. Children's Health Foundation (CHF)

To comply with your wishes regarding the CHF, we require basic information about your children (under 19 years of age). Our hospital record-keeping systems require us to set up your request for each of your children individually. Please note that we are only able to honor your wishes fully, if, at the time of this form is submitted, all of your children have had registered visits/admissions at LHSC and/or SJHC.

	Child's Legal Last Name, First Name & Middle Name	Sex M/F	Date of Birth (dd/mm/yyyy)	Health Card No.	Hospital ID Number
1.					
2.					
3.					
4.					
5.					

D. Fax or mail your completed request form to one of our Privacy Office sites at:

Privacy Office, LHSC
South Street Hospital
375 South Street, Room C236
London, Ontario N6A 4G5
Fax # 519-667-6706

Privacy Office, St Joseph's
268 Grosvenor Street
c/o Mailing Rm, Rm B4-243
London, Ontario N6A 4V2
Fax # 519-646-6225

Thank you for your request.