



# The Access Point

The Toronto Mental Health and  
Addictions Access Point

## The Access Point Data Request Form

Date:

Name of Requestor/Principle Investigator:

Organization/Title:

Phone Number:

Email Address:

Co-Investigators (if any):

Please describe the reason for your request (please include how you will use this data):

What specific data elements are being requested? (For examples of what data is collected at The Access Point, please review the application form available at [www.theaccesspoint.ca](http://www.theaccesspoint.ca)).



# The Access Point

The Toronto Mental Health and  
Addictions Access Point

## **The Access Point Data Request Form**

What time frame of the data is being requested?

Please note expected time to completion of your request is dependent on the complexity of the request and the workload at the office at the time of the request. Requests could take up to 30 days to complete. Please provide the date the data are needed by:

Please explain how you will comply with PHIPA if Personal Health Information is being requested:

What supporting documents are attached to this request?

Please send completed data request form to: [datarequests@theaccesspoint.ca](mailto:datarequests@theaccesspoint.ca) or fax to 416-499-9716