

Request for Information Release

1. Requester Information

Please respond **fully** and send completed form to datashare@cpsso.on.ca

Date Submitted: _____

Surname _____ First name _____

Organization _____

Address _____

Telephone _____ Email Address _____

For more information please refer to our FAQs

Type of Organization?

Health Care Provider
Government Agency
Municipality
University
Hospital
Other

How Frequently do you Need your Data?

One-time
Annually
Quarterly

Following Approval, the Following Data may be Shared by the College:

CPSO #	Telephone Number	Graduation Year
Name	Fax Number	Hospital Privileges
Gender	Primary Practice Address	Specialty
Municipality	Secondary Practice Addresses	Language of Practice
Postal Code	Medical School	Registration Status
Registration Class	Registration Status Effective From	

Are you Requesting this Data be Filtered (ex. by region, specialty)?

2. Purpose of Request

The College requires this information to evaluate the intended use of the data you are requesting. In determining whether your request will be approved, there must be a compelling fit between your request and College duties or objects, which determination will be made solely by the College, in its sole discretion ([see link for more information](#)).

Beginning in fall 2020, the College will only be considering requests that are for the purpose of continuity of care or health resource management and planning. **The College is not obligated to approve any request. Please indicate the reason for your request:**

Why are you requesting this data, and what objectives are you trying to meet by using this information?

How will the information be used? (Please be as specific as possible).

Who will benefit from this information?

Who will have access to this data? Is it for public or private usage?

3. Declarations

I understand and am aware that if my request is approved, I or my organization may be subject to a cost recovery fee (minimum of \$250.00) prior to the release of information.

I understand and am aware that if my request is approved, provision of the information will be subject to the signing of a Data Sharing Agreement (DSA), which prohibits the information from being used for purposes other than the approved purpose and may require the information to be kept confidential and will contain other terms and conditions.

Please respond **fully** to avoid processing delays, and send completed form to datashare@cpsso.on.ca