**ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL**

**Tribunal File No.:** Insert No.

College of Physicians and Surgeons of Ontario

**College**

- and -

[First name(s)] [Last name]

**Registrant**

**NOTICE TO THE MEDIA OF REQUEST FOR PUBLICATION BAN**

This form is to be completed by any participant requesting a publication ban under Rule 2.2.8 of the Rules of Procedure. It must be delivered to the other participants and filed with the Tribunal.

There is an automatic publication ban under Rule 2.2.2 on the publication or broadcasting of the names of patients or any information that could identify patients or disclose patients’ personal health information or health records referred to at a hearing or in any documents filed with the Tribunal. Under Rule 2.2.8, a participant can request an additional or other publication ban.

The purpose of this form is to provide notice to the media of an intended request for an additional or other publication ban. The form will be posted on the Tribunal’s website at https://opsdt.ca/hearings/notices-to-the-media. Unless the Tribunal directs otherwise, posting of this form is sufficient for notice to the media of the request. Any representative of the media who wishes to make submissions on the proposed ban should contact the Tribunal at tribunal@opsdt.ca. The Tribunal will advise on next steps.

**Requestor:** Click or tap here to enter text

**The requestor asks that the request be:**

[ ] heard at the hearing on Click or tap to enter a date at Click or tap here to enter time. The requestor must make oral submissions at the hearing on how the proposed order meets the test in Rule 2.2.10. (*Please file this form at least seven days prior to the hearing date.*)

[ ]  decided in writing at least seven days after the date this form is filed. Written submissions on how the proposed order meets the test in Rule 2.2.10 must be filed with this form.

**Publication Ban Requested:**

Set out the exact wording of the proposed order.

**Date of notice:** Click or tap to enter a date.

Click or tap here to enter name, address, email and phone number of representative or party filing document.

**TO:**

Click or tap here to insert names of other participants and their representatives, if applicable.