

625 Runnymede Road
Toronto, Ontario, M6S 3A3
Phone: 416-762-7316
Fax: 416-762-3836

REQUEST CORRECTION TO PERSONAL HEALTH INFORMATION

Information and Instructions

We will correct health record information if it is demonstrated, to our satisfaction, that the record is not correct or complete for the purpose for which we collect, use or disclose the information. We will make every effort to respond to your request in a timely fashion. Please complete Parts A and B of this Form. Part C is for our internal use. For information about our privacy protection practices, contact our Health Records department at 416-762-7316, ext. 230.

PART A: REQUESTOR INFORMATION

Patient Contact Information:

Last Name

First Name

Hospital Master Chart No.

Date of Birth

If you are a substitute decision-maker, your contact information:

Last Name

First Name

Relationship

Telephone Number

Mailing Address

PART B: CORRECT REQUEST

1. List or attach the correction requested, with reasons for the correction.

Requested Correction	Reasons for Correction

PART B: CORRECT REQUEST *(Continued)*

2. How do you wish to receive notice of the correction (in writing, by telephone)?

3. Would you like us to give notice of the correction, to the extent reasonably possible, to others to whom we have disclosed the incorrect information? (We will only do so if this notice will affect your health care or otherwise benefit you).

- Yes
- No

Signature

Name (print)

Date

Forward this form to the Health Records Department

PART C: RESPONSE TO CORRECTION REQUEST (for internal use only)

- Correction made
- Correction not made
- Refusal letter (with reasons) sent
- Statement of Disagreement attached to record
- Date of Response _____

1. List names, contact information and comments of any individuals consulted

2. If correction was not made, provide reasons:

3. If an extension to the correction request response was required, please indicate:

Date of Extension	Reason for Extension	Date Patient Notified Of Extension

4. Notice of correction provided to others to whom incorrect information was disclosed. List names:

5. Processed by:

Signature

Name (print)

Title