

Client #:

Date Received:

## Request for correction to personal health record

### 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 more information contact the Health Records department at 416-924-1164, ext. 8725

### Part A: Requestor information

#### Client information:

\_\_\_\_\_  
 Last name

\_\_\_\_\_  
 First name

\_\_\_\_\_  
 Mailing address

\_\_\_\_\_  
 Telephone number

\_\_\_\_\_  
 Date of birth

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

\_\_\_\_\_  
 Last name

\_\_\_\_\_  
 First name

\_\_\_\_\_  
 Mailing address

\_\_\_\_\_  
 Telephone number

**Note: Include copies of documents that provide your authority as a substitute decision-maker.**

### Part B: Correction request

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

Requested correction	Reasons for correction

Client #:

Date Received:

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

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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

Print name

Date

**Part C: Correction request response (For internal use only)**

- Correction made  
 Correction not made  
 Refusal Letter sent
- Statement of Disagreement attached to record  
 Date of response \_\_\_\_\_

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

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2. If correction was not made, provide reasons. (Attach separate sheet if necessary)

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

Date of extension	Reason for extension	Date client notified of extension

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

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5. Processed by:

Signature

Print name

Date