



75 Charles Street
ATTN: HEALTH RECORDS
Brockville, ON K6V 1S8

CORRECTION/ADDENDUM OF PERSONAL HEALTH INFORMATION

Information and Instructions for PATIENTS

We will make every effort to respond to your correction request in a timely fashion. Personal health information will be corrected upon your request if it is demonstrated according to the *Personal Health Information Protection Act*, that the record is not correct or complete for the purpose for which we collect, use or disclose the information. Please complete Sections A and B of this Form.

Information and Instructions for STAFF

Upon completion, the Correction/Addendum of Personal Health Information form will be sent to the Health Records Office for initial review. Health Records will complete Section C of this form and notify the appropriate individuals to process the request.

It is the responsibility of the individual who processes this request to complete Section D of this form and return it to the Health Records Office in a timely fashion.

SECTION A: REQUESTOR INFORMATION

Patient Contact Information:

Last Name

First Name

Initials

Mailing Address

Telephone Number

Date of Birth

Health Card Number/Photo ID

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

Last Name

First Name

Initials

Mailing Address

Telephone Number

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

SECTION B: CORRECTION REQUEST

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

Requested Correction	Reasons for Correction

2. How do you wish to receive notice of the correction decision?

- In Writing
 By Telephone
 Can we leave a message?

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 (yyyy/mm/dd)

SECTION C: RECEIPT OF CORRECTION REQUEST (FOR PRIVACY OFFICE USE ONLY)

Date received: _____

Date provided to personnel required to review and process the correction request: _____

SECTION D: PROCESSING OF CORRECTION REQUEST (FOR INTERNAL USE ONLY)

Date received: _____

Correction made (information attached if applicable) Date: _____

Correction not made (reason correction was not made attached) Date: _____

Upon review and processing of the request return this form to the Privacy Office as soon as possible.

Processed by:

Signature

Name (print)

Title

Date (yyyy/mm/dd)

SECTION E: CORRECTION REQUEST RESPONSE (FOR PRIVACY OFFICE USE ONLY)

Check all that apply

- Correction made and patient notified (See Part B Question #2) Date: _____
- Correction not made and patient notified (See Part B Question #2) Date: _____
- Refusal letter (with reasons) sent Date: _____
- Statement of Disagreement received and attached to record Date: _____

Complete all that apply

1. Attach a list of names, contact information, and comments of any individuals consulted
2. If correction was **not** made, attach the reasons for this
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. This is only applicable if the patient checked 'yes' for Question 3 in Section B. List names:

Processed by:

Signature Name (print) Title Date (yyyy/mm/dd)