

Request for Correction to Personal Health Information

Based on the Personal Health Information Protection Act, 2004

Information and Instructions

- Please complete Parts A and B of this Form.
- For information about our privacy protection procedures, please contact the Privacy Officer at 1235 Wilson Avenue, Toronto, ON M3M 0B2. Phone 416-242-1000 ex.82371, Fax 416-242-1085.

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Last Name		First Name		
Date of Birth	Address			
(DD/MM/YYYY)				
City	Province	Postal Code		
Mobile Number		E-mail Address		
Home Number		Hospital ID		
	may exist indefinite	to, or from, Humber River Hospital may be seen by others using the Internet. Lely. It is recommended that you do not use e-mail to discuss information you ing to your correction request.		
PART B: Change Request				
1. List or attach the change requested, with reasons for the change.				
Requested Change		Reasons for Change		
2. How do you wish to receive notice of the completed change? Please check off: in writing by telephone by e-mail				
3. Would you like us to give notice of the changed record to anyone we have sent copies of the original information? (Note: We will only do so if the changed information might impact your healthcare.)				
Signature of Patient		Date		
Relationship to Patient (if not the patient))			
Signature of Witness		Date		
Print Name of Witness				

The witness signature needs to be a neutral third party, who does not benefit from signing this legal document. The witness must be of legal age and must be mentally capable in making their own decisions and has known the signer of the document for a long time. The witness must actually see the signer sign the document and verifies that the signer of this legal document is not an imposter.