



Request for Correction to Personal Health Information

Health Information Services – Privacy Office
1235 Wilson Avenue, Toronto, ON M3M 0B2
(P) 416-242-1000 ext. 82300 (F) 416-242-1085
E-mail: privacy@hrh.ca

Under the *Personal Health Information and Protection Act, 2004*, individuals may request that their health record be corrected if they believe that it is inaccurate or incomplete for the purposes for which the custodian has collected, uses or has used the information. **We will only correct documentation if it is demonstrated, to our satisfaction, that the record is not correct or complete for said purposes.** If your request is refused, you are entitled to prepare a concise Statement of Disagreement that will become part of your health record at Humber River Hospital.

PATIENT INFORMATION

Medical Record Number: _____

Patient Name: _____ Date of Birth: _____
LAST NAME FIRST NAME (DD/MM/YYYY)

Address: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

Phone Number: _____ E-mail: _____

TO BE COMPLETED ONLY IF SUBSTITUTE DECISION MAKER (SDM) IS REQUESTING CORRECTION:

SDM Name: _____ Relationship to Patient: _____
LAST NAME FIRST NAME

Address: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

Phone Number: _____ E-mail: _____

CORRECTION REQUEST

1. Please provide in detail a description of the information that you are requesting to be corrected, the reason the information is incomplete or inaccurate and the information necessary to enable the correction of the personal health information.

Please include a scanned copy of photo ID along with this consent form.

Signature of Patient or SDM: _____ Date: _____
(DD/MM/YYYY)