

Request to Correct / Amend Personal Health Information

The information on this form will be used to respond to your request for correction or amendment. Instructions for completing this form and other documents that are required for such requests are outlined below.

A. Patient Contact Information

Last Name		First Name		Initials
Address				
City / Province				Postal Code
Telephone No. (daytime) ()	Telephone No. (evening) ()	* E-mail Address		
Date of Birth	Day	Month	Year	
Hospital ID Number <i>(if known)</i>				

B. Representative Information *(Complete this section if you are acting on behalf of the patient)*

Last Name	First Name	Initials	Relationship to Patient
Address			
City / Province			Postal Code
Telephone No. (daytime) ()	Telephone (evening) ()	* E-mail Address	

C. Specify the Change(s) Needed to Your Health Information and Reasons for the Changes

(If necessary, please continue your description on a separate sheet of paper and attach it to this request form).

What health information needs to be changed?	What changes do you want to make and why?

D. How do you wish to be contacted?

- In writing
 Telephone (daytime)
 Telephone (evening)
 * E-mail
 I consent to being contacted at this E-mail address. I acknowledge that sending E-mail over the Internet is not secure, in that it can be intercepted, manipulated and / or retransmitted.

E. Your Signature

Signature	Date: (YYYY/MM/DD)
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Processed By: (For Office Use Only)

Printed Name:	Signature/Title:	Date: (YYYY/MM/DD)
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Place completed form on Patient Chart.

Instructions for Completing the Request to Correct / Amend Personal Health Information Form

If you want to change your contact information (e.g., address, postal code, date of birth, etc.) or the financial or insurance information in your health record, contact the hospital's Patient Registration office. These changes can be made directly to your record without a written request.

Changes to other information in the health record must be made in writing. A completed "Request to Correct / Amend Personal Health Information" form should be forwarded to the Privacy Officer.

It should be noted that Ontario law does not permit hospitals to delete information from a patient's health record, even if the information is determined to be incorrect or incomplete. Instead, incorrect information is labelled as such within a patient's health record and in keeping with Ontario law it continues to remain accessible within that record.

About this Request Form

- You will need to provide proof of your identity. Include along with your request a photocopy of a government-issued, identification (e.g., driver's license) that shows your signature.
- If you are making a request on behalf of another person, include proof that you can act for this person (i.e., attach a photocopy of legal document that shows you are this person's guardian or trustee or you have power of attorney).
- You will need to be as specific as possible in describing what records contain the information that you want corrected/amended, describing what is incorrect about the record, and what changes you want made (see Section C). Please be specific and attach any documents that support your request. If you require more space than the form provides, continue your description on a separate sheet of paper and submit it along with this request form.
- You should provide any other names that you/the patient may have used on the records you want amended/corrected.
- Use a pen to sign and date the request form.
- Send the completed request form, and other documentation, to the Privacy Officer at.
 - Brightshores Health System -1800 8th Street East Owen Sound, Ontario N4K 6M9

PRCF-03	Revised 07/01/09
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