



700 Coronation Blvd.,
Cambridge, ON N1R 3G2
519-621-2330

Correction/Addendum of Personal Health Information

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. Every attempt will be made to address your request within 30 days from date of signature.

- Request for: Correction to own Personal Health Information
 Correction to Personal Health Information as a Substitute Decision Maker

Note: If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate, attach any supporting documentation. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.

SECTION A: PATIENT INFORMATION

Last Name

First Name

Address

Date of Birth

Telephone Number

Health Card Number

Substitute Decision Maker

Last Name

First Name

Address

Telephone Number

SECTION B: CORRECTION REQUEST

Requested Correction	Reason for Correction

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

- In Writing By Telephone Can we leave a message? Yes No

Witness: _____ Signed by: _____
(Patient or Substitute Decision Maker)

Date: _____
(Relationship to Patient)