



Markham Site 381 Church Street P.O Box 1800
 Markham, L3P 7P3
 Phone: (905) 472-7373 ext. 6216
 Fax: (905) 472-7381

Uxbridge Site 4 Campbell Dr, P.O. Box 5003
 Uxbridge, Ontario L9P 1S4
 Phone: (905) 852-9771 ext. 5245
 Fax: (905) 862-2007

REQUEST FOR CORRECTION TO PERSONAL HEALTH INFORMATION

1. Patient Contact Information		
Name	Date of Birth (DD/MM/YYYY)	Patient I.D #
Address		Health Card #
Phone # (Best Daytime):		Alternate #
If you are a substitute decision-maker, please provide your contact information below. Note: Include copies of documents that provide your authority as a substitute decision-maker.		
Name		Phone # (Best Daytime):
Address		
2. Correction Request		
List or attach the correction(s) requested, with reasons for the correction(s)		
Requested Correction(s)	Reasons for Correction(s)	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Would you like us to give notice of the correction(s), 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
_____ Patient/Substitute Decision Maker Signature		_____ Date
_____ Print Name		





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REQUEST FOR CORRECTION TO PERSONAL HEALTH INFORMATION (continued)

Patient Name _____

3. Correction Request Response (For Internal Use Only)

- Correction(s) made
- Correction(s) not made
- Refusal letter (with reasons) sent
- Statement of Disagreement attached to record
- Other
- Date of Response _____ (DD/MM/YYYY)

List names, contact information and comments of any individuals consulted:

If correction was not made, provide reasons:

If an extension to the correction request response was required, please indicate

Date of Extension _____

Reason for Extension _____

Date Patient Notified of Extension _____

List name of those to whom a notice of correction has been sent:

Processed by:

Signature

Name (print)

Title

All information provided on this form will be used and disclosed in compliance with the Personal Health Information Protection Act.

