



REQUEST FORM FOR CORRECTION TO
PERSONAL HEALTH RECORDS

Information and Instructions

When an individual successfully demonstrates the inaccuracy or incompleteness of personal information, Baycrest will correct the information as required. Otherwise, the individual may require that a statement of disagreement be attached to the record of personal information.

Upon request of the individual, the corrected information or statement will be transmitted to third parties to whom the information in question has recently been disclosed.

We will make every effort to respond to your request in a timely fashion.

Please complete Parts A and B of this Form. Part C is for our internal use.

For information about our privacy protection practices or to submit a request form contact:

**Privacy Office, Suite 2M10,
3460 Bathurst Street, Toronto, ON M6A 2E1,
phone: 416-785-2500 ext.6300
fax number 416-785-7372
privacy@baycrest.org**

PART A: REQUESTER INFORMATION

Patient Contact Information:

Last Name	First Name	Initials
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Mailing Address

Telephone Number	Date of Birth	Hospital ID #
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If you are a substitute decision-maker, your contact information:

Last Name	First Name	Initials
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Mailing Address

Telephone Number

Note: Include copies of documents that provide your authority as a substitute decision-maker.



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PART B: CORRECTION REQUEST

1. List or attach the correction requested, with reasons for the correction.

Requested Correction	Reasons for Correction

2. How do you wish to receive notice of the correction (in writing, by telephone)?

3. Would you like us to give notice of the correction, 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.)

- Yes
 No

Signature

Name (print)

Title

Date



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PART C: CORRECTION REQUEST RESPONSE (For Internal Use Only)

Date request received:

- Correction made
- Correction not made
- Refusal letter (with reasons) sent
- Statement of Disagreement attached to record
- Date of Response _____

1. List names, contact information and comments of any individuals consulted

2. If a correction was not made, provide reasons:

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

Date of Extension	Reason for Extension	Date Patient Notified of Extension

4. Notice of correction provided to others to whom incorrect information was disclosed.

List names:
5. Processed by:

Signature Name (print) Title