

Request Form for Correction to Personal or Personal Health Record

Information and Instructions Cornwall Community Hospital will correct personal/personal health information if it is demonstrated, to our satisfaction, that the record is not correct or complete for the purpose for which the hospital collects, uses or discloses the information. The hospital 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 internal use. For information about our privacy protection practices, contact our Privacy Contact at (613) 938-4240, ext. 2378 or our Freedom of Information Office at (613) 938-4240, ext. 2262.

PART A: REQUESTOR INFORMATION

Individual's Contact Information:

Last Name	First Name	Initials
Mailing Address		
Telephone Number	Date of Birth	

If you are a substitute decision-maker, your contact information:

Last Name	First Name	Initials
Mailing Address		
Telephone Number		

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

PART B: CORRECTION REQUEST (STATEMENT OF DISAGREEMENT)

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

Requested Correction	Reasons for Correction

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

- 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)

Date

Title

The personal information requested on this form is collected in accordance with sections 38(2) and 41(1) of the *Freedom of Information and Protection of Privacy Act* (FIPPA), r.s.o. 1990, c.f.31. the information provided will not be used for any purposes other than those stated upon this form unless you provide your consent. Should you have any questions concerning your personal information please contact the Freedom of Information Coordinator at 613-938-4240 extension 2262.

REQUEST FORM FOR CORRECTION TO PERSONAL/PERSONAL HEALTH INFORMATION

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

- ☐ 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 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)

Date

Title