



Request for Correction to Personal Health Record

Information and Instructions

We will correct health record information if it is demonstrated, to our satisfaction, that the record is not correct or complete for the purpose for which we collect, use or disclose the information. We will make every effort to respond to your request within 30 days.

Last Nar	ne	First Name	Initials	
Mailing A	Address			
Date of I	Birth (yyyy mm dd)			
Telephone Number at Home		Telephone Number a	at Work	
If you are and your	e a substitute decision-maker contact information:	, we require copies of documents that con	firm your authority as such,	
Last Name		First Name	Initials	
Mailing A	Address			
Telepho	ne Number			
PART B	: CORRECTION REQUEST			
1.	List or attach the correction requested, with reasons for the correction: ☐ Hotel Dieu Hospital visits ☐ Kingston General Hospital visits			
	Requested correction:			
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- !	Reasons for correction:			
2.		ould you like us to give notice of the correction, to the extent reasonably possible, to others no have received the information? Yes □ No		
Patient Signature		Name (Print)	Date (yyyy mm dd)	