



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.

PART A: PATIENT INFORMATION

Last Name First Name Initials

Mailing Address

Date of Birth (yyyy mm dd)

Telephone Number at Home

Telephone Number at Work

If you are a substitute decision-maker, we require copies of documents that confirm your authority as such, and your contact information:

Last Name First Name Initials

Mailing Address

Telephone 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: _____

Reasons for correction: _____

2. Would you like us to give notice of the correction, to the extent reasonably possible, to others who have received the information?
☐ Yes ☐ No

Patient Signature

Name (Print)

Date (yyyy mm dd)

Send completed form to: Release of Information
c/o Hotel Dieu Hospital
166 Brock St., Kingston, ON K7L 5G2
Fax# 613-542-8071