

# CORRECTION REQUEST FORM

## Information & Instructions:

As stated in the Personal Health Information Act, 2004 (PHIPA) 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 in a timely fashion. Please complete Parts A & B of this form.

Part C is for McMaster University Internal Use

## Part A: Requester Information:

_____	_____	_____
Client's Family Name	First Name	Middle Name or Initial
Mailing Address:		
_____		
_____	_____	_____
Telephone Number	Date of Birth	Ontario Health Card Number
If you are a substitute decision maker, please provide your contact information.		

**Return to: McMaster University Privacy Officer, Gilmour Hall, Room 210, 1280 Main Street West, Hamilton, ON, L8S 4L8**

**Part B Correction/Request:**

1. What information is incorrect or incomplete?

Name of Document (Consultation, History & physical, etc.)	Date of Document	Who is the author of the document?	Which information is incorrect or incomplete?

Reason for Correction:

Would you like us to give notice of the correction, to the extent reasonably possible, to others to whom we have disclosed the information?

(We will only do so if this correction affects your health care or otherwise benefits you)

Yes

No

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Client (if applicable) \_\_\_\_\_

Date \_\_\_\_\_

***PLEASE RETURN TO THE ADDRESS ON THE FIRST PAGE***

**Part C: Correction Request Response (For Internal Office Use Only):**

- Correction Made  Refusal Letter Sent  
 Correction Not Made  Date of Response

1. List Names, Contact Info and Comments of any individuals consulted

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2. If correction not made, provide reasons:

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

Date of Extension	Reason for Extension	Date Client Notified of Extension

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

List Names:

Date:

_____	_____
_____	_____
_____	_____

Exceptions:

Name \_\_\_\_\_ Reason \_\_\_\_\_  
Name \_\_\_\_\_ Reason \_\_\_\_\_  
Name \_\_\_\_\_ Reason \_\_\_\_\_

5. A statement of disagreement was received and attached to the chart on:

Date: \_\_\_\_\_ Signed \_\_\_\_\_