

Request for Correction to Personal Health Record

We will correct your personal health record if it is demonstrated, to our satisfaction, that the record is inaccurate or incomplete 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 after receiving request. In the event where a correction request relates to information contributed by eHealth Ontario or another regional/provincial system, you will be redirected accordingly. If you need assistance in completing this form, please call (613) 549-6666, extension 2567.

PART A: PATIENT INFORMATION (please print)

Last Name: _____ First Name: _____ Initials: _____

Mailing Address: _____

Date of Birth: _____

(yyyy / mm / dd)

Telephone # (home) : _____ Alternate #: _____

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

Last Name: _____ First Name: _____ Initials: _____

Mailing Address: _____

Telephone #: _____ Alternate #: _____

PART B: CORRECTION REQUEST

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

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)

Please send completed form to:

Release of Information
Kingston Health Sciences Centre
166 Brock Street
Kingston, ON K7L 5G2
Fax # 613-542-8071