

**Request to Correct Personal Health Information
under the Personal Health Information Protection Act, 2004**

Name of Health Information Custodian to whom the request is being made:Hôpital Montfort, 713 Montreal Road, Ottawa, Ontario K1K 0T2

Your information: Mr. _____ Ms. _____ Date of birth (dd/mm/yyyy) : _____
Surname: _____ Given name: _____
Address: _____ Unit: _____
City: _____ Province: _____ Postal Code: _____
Téléphone: _____ Evening: _____
Email address: _____

Substitute decision-maker information* (if relevant): please provide documentation to the health information custodian that you are an authorized substitute decision-maker.

Surname: _____ Given name: _____
Address: _____ Unit: _____
City: _____ Province: _____ Postal Code: _____
Téléphone: _____ Evening: _____
Email address: _____

Please clearly describe the personal health information you have accessed and wish to have corrected, explain the reasons why the personal health information is incomplete or inaccurate.

Method of access to records: Secured email Receive a copy

Signature : _____ Date: (dd/mm/yyyy) _____

For Health Information Custodian use only:

Date received: _____ **Chart number:** _____