

Access to Information and Privacy Protection Office 713, Montréal Road, Room 00D135, Ottawa, ON K1K 0T2

Tel: (613) 748-4903 Fax: (613) 748-4949 infoprivee@montfort.on.ca

## 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:		
City:		
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.	ve accessed and wish to have co	rrected, explain the reasons why
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:	

The personal health information contained on this form is collected pursuant to *the Personal Health Information and Privacy Protection Act, 2004 ("the Act")* and will be used for purpose of responding to your request for access pursuant to section 54 of the Act. Edited: October 2025