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: _____ 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:** _____

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