



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. Mrs. Ms. Date of birth: _____

Surname : _____ Given Name : _____ Initials : _____

Address : _____ Apt : _____

City : _____ Province : _____ Postal Code : _____

Telephone(Day): _____ Evening : _____

Substitute Decision-Maker Information* :

Surname : _____ Given Name: _____ Initials: _____

Address : _____ Apt: _____

City : _____ Province : _____ Postal Code : _____

Telephone(Day): _____ Evening : _____

*Please provide documentation to satisfy the health information custodian that you are an authorized substitute decision-maker, if available.

Please provide a detailed description of the personal health information to which access has been granted and that you are requesting to be corrected, the reasons that the personal health information is incomplete or inaccurate and the information necessary to enable the correction.

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

The personal health information contained on this form is collected pursuant to *the Personal Health Information Protection Act, 2004 ("the Act")* and will be used for the purpose of responding to your request for access pursuant to section 55 of the Act. Questions should be directed to the Access to Information and Privacy Protection Coordinator at (613) 746-4621, ext. 2909.

For Health Information Custodian Use Only:

Date Received : _____ Request Number : _____ Comments : _____