

## 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: \_\_\_\_\_

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Initials: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Evening: \_\_\_\_\_

**Substitute decision-maker information\* (if relevant):**

Surname: \_\_\_\_\_ Given name: \_\_\_\_\_ Initials: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Evening: \_\_\_\_\_

\*If relevant, please provide documentation to satisfy the health information custodian that you are an authorized substitute decision-maker.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (dd/mm/yyyy)

**For Health Information Custodian use only**

Date received: \_\_\_\_\_ Request number: \_\_\_\_\_ Comments: \_\_\_\_\_

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 purpose of responding to your request for access pursuant to section 54 of the Act. Questions about this collection should be directed to the Access to Information and Privacy Protection Coordinator, (613) 746-4621, ext. 2909.