



The Ottawa Hospital | L'Hôpital d'Ottawa

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| <input type="checkbox"/> Civic | <input type="checkbox"/> HI |
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REQUEST FOR CORRECTION TO PERSONAL HEALTH RECORD

Information and Instructions: We will correct health record information if it is demonstrated to our satisfaction that the record is not correct or complete for the purpose for which we collect, use, or disclose the information. We will make every effort to respond to your request in a timely fashion. Please complete parts A and B of this form. Part C is for our internal use.

PART A REQUESTOR INFORMATION

Patient Contact Information:

Last Name	First Name	Chart Number
<hr/>		
Mailing Address	Telephone Number	Date of Birth (MMDDYYYY)
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If you are a substitute decision-maker, your contact information: (Proof to be provided)

Last Name	First Name
<hr/>	
Mailing Address	Telephone Number
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PART B CORRECTION REQUEST

1 List or attach the correction requested, with reasons for the correction and any additional comments.

<hr/>		
<hr/>		
Name (please print)	Signature	Date (yyyy/mm/dd)
<hr/>		
Date		
<hr/>	Correction made	
<hr/>	Correction not made	
<hr/>	Refusal letter (with reasons) sent	
<hr/>	Statement of Disagreement attached to chart	
<hr/>	Date of response	

PART C CORRECTION REQUEST RESPONSE (For Internal Use Only)

1 Determine who will validate the request and correct the personal health record. Confirm that this person has the knowledge, expertise and authority to validate and make the correction.

<hr/>	name, contact information
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2 If an extension to the correction request response was required, please indicate:

Date of Extension	Reason for Extension	Date Patient Notified of Extension
<hr/>	<hr/>	<hr/>

3 If correction was not made, attach Refusal Letter (with reasons) as written by the above-named person.

4 Notice of correction provided to others to whom incorrect information was disclosed. List names:

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5 Processed by:

Name (please print)	Signature	Date (yyyy/mm/dd)
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