

Student Health and Counselling Centre t: (807) 343-8361 f: (807) 346-7740

REQUEST FORM FOR CORRECTION TO PERSONAL HEALTH RECORD

Personal Health Information Protection Act

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.

Once completed, this Form should be forwarded to the **Manager**, **Student Health & Counselling Centre** by one of the following methods:

- (1) in person to the Centre;
- (2) by mail: UC 1007 955 Oliver Rd. Thunder Bay, ON P7B 5E1
- (3) by fax: (807) 346-7740

PART A: REQUESTOR INFORMATION

Patient Contact Information: Last Name First Name Initials Mailing Address Telephone Number Date of Birth If you are a substitute decision-maker, please provide your contact information: Last Name First Name Initials Mailing Address Telephone Number

Note: Include copies of documents that provide your authority as a substitute decision-maker.

PART B: CORRECTION REQUEST

(1) List or attach the correction(s) requested, with reasons for the correction(s):

Date

14	uested Correction(s)		Reasons for Correction(s)	
we have	e disclosed the incorrec		(s), to the extent reasonably possible, to other	
we have	e disclosed the incorrective rwise benefit you.)	t information? (W		
we have	e disclosed the incorrec			

PAR	T C: CO	RRECTION REQ	UEST RESPONSE (For Inter	nal Use Only)	
		Correction(s) n			
		Correction(s) n			
			with reasons) sent		
		Statement of D	isagreement attached to reco	rd	
		Other			
		Date of Respon	nse		
(1)	List nam	nes, contact infor	mation and comments of any	individuals consulted:	
(2)	If correc	ction was not mad	de, provide reasons:		
(3)		tension to the cor	rection request response was	required, please indicate:	
	Date	e of Extension	Reason for Extension	Date Patient Notified of Extension	
	Date	e of Extension	Reason for Extension		
(4)			Reason for Extension hom a notice of correction has	of Extension	
(4)	List nan	nes of those to wi		of Extension	

All information provided on this form will be used and disclosed in compliance with the Personal Health Information Protection Act.