UHN Toronto General Toronto Western Princess Margaret Toronto Rehab

Request to Correct Personal Health Information

Under the Personal Health Information Protection Act, 2004

Addressograph

Please complete and forward to the Health Record Services

Your Information:

Name (last, first) ______________________ DOB (mm/dd/yy) ____________

Address ______________________________________ Unit __________

City ____________________ Province __________ Postal Code ____________

Telephone ____________________

Substitute Decision Maker Information:*

*Please include copies of documents that provide your authority as a substitute decision maker

Name (last, first) ______________________ DOB (mm/dd/yy) ____________

Address ______________________________________ Unit __________

City ____________________ Province __________ Postal Code ____________

Telephone ____________________

Please provide in detail a description of the information to which access has been granted and that you are requesting be corrected, the reason the information is incomplete or inaccurate and the information necessary to enable the correction of the personal health information.		
Print:	Sign:	Date:

The personal health information contained on this form is collected pursuant to the Personal Health Information Protection Act, 2004 and will be used for the purpose of responding to your request for correction pursuant to section 55 of the Act.

Form D-6642 (29/11/2016)