

## Info Sheet: Making a Request for Correction to Your CAMH Health Record

### Important information about correction requests

The *Personal Health Information Protection Act (PHIPA)*, grants individuals the right to access and request corrections to your Health Record. The legislation sets out the criteria that must be met in order for your correction to be granted.

CAMH will correct information that is inaccurate or incomplete in your record if:

- you demonstrate to CAMH's satisfaction that the record is inaccurate or incomplete for the purpose for which it was used; and
- you have given CAMH the information necessary to enable us to correct the record.

*PHIPA* allows CAMH to refuse a correction request if:

- the information is a professional opinion or observation about you that was made in good faith; or
- a record was not originally created by CAMH and we do not have sufficient knowledge, expertise, or authority to correct the record; or
- the request is frivolous, vexatious, or made in bad faith.

### How to make a request

If you have any concerns, you should first discuss them with your treating clinician to see if they can be resolved. If you decide to make a request for correction, your request must be submitted in writing to CAMH. You can submit your correction request using the form entitled "Request for Correction to a Record of Personal Health Information." This form is available online at CAMH.ca or may be obtained from the Health Records Department.

Request for corrections should be sent to the CAMH Information and Privacy Office for processing. (For address, see page 2.)

### What we need from you

To process your request for correction(s), please provide the following information and, if possible, enclose a copy of the CAMH document to be corrected:

1. Specify the title, date, and author of the document to be corrected (for example: Consultation Report written by Dr. John Smith, dated August 1, 2011).
2. Specify which page, paragraph, and sentence in the document contains the information to be corrected (for example: Page 2, Paragraph 2, last sentence) and, if possible, underline that information in the document itself.
3. State how you would like the information changed. Be specific. (For example: "My date of birth is May 18, 1971 (not 1981).") You may provide the information needed to make the correction in a separate attachment, cross-referenced with the original document (see #2 above). In addition, please provide your name, street address (including postal code), phone number, date of birth (dd/mm/yyyy), and health record number (if known). Note: If you are submitting your request by mail or by fax, you must include a photocopy of one piece of valid, government-issued photo identification.

CAMH will notify you in writing within 30 days regarding whether your request for correction has been granted or if we require additional time for processing.

If you do not want to be notified by mail of our decision, we can notify you by phone that the letter is ready for pickup. Please be sure to provide your phone number and indicate whether we can leave a message.

**Note:** You will be required to provide one piece of valid, government-issued photo identification as proof of identity when picking up this documentation.

### **If your request for correction is granted**

If your request for correction is granted, CAMH will either create an addendum to the original document or strikethrough the incorrect information (without obliterating it) and note the new information to show the correction. Please note that, by law, CAMH is not permitted to delete any information from the original document even if correction is granted. You may also request that CAMH disclose the corrected information to those who previously received the incorrect information from us.

### **If your request for correction is denied**

If your request for correction is denied, you may submit a concise Statement of Disagreement to the CAMH Information and Privacy Office. Your Statement of Disagreement may also include any new information for clarification, which would be appended to the document in your Health Record and included whenever it is disclosed in the future.

Your Statement of Disagreement should clearly identify the document by the exact title, author, and date, including the page (and paragraph) number(s) of the text that you want to clarify or dispute, and the corresponding information you would like to include.

For more information about correction requests, you may contact the CAMH Information and Privacy Office:

### **CAMH Information and Privacy Office**

100 Stokes Street  
Bell Gateway Building  
Toronto, Ontario M6J 1H4  
Phone: 416-535-8501 ext. 33314  
Fax: 416-583-1372