



Client/Patient ID Label

REQUEST FOR CORRECTION TO A RECORD OF PERSONAL HEALTH INFORMATION

PART A: Requester Information		
Client/Patient Information		
Legal First Name:	Middle Initial(s):	Legal Last Name:
Date of Birth: <small>DD-MM-YYYY</small>	Health Card Number:	Health Record Number:
Street Address:		
City:	Province:	Postal Code:
Telephone Number:	Email:	
Substitute Decision Maker(SDM) (If Applicable)		
Legal First Name:	Legal Last Name:	
Street Address:		
City:	Province:	Postal Code:
Telephone Number:	Email:	
Relationship to client:		
<input type="checkbox"/> Attached is a copy of documentation that provides authority as a SDM		
Preferred Method of Communication		
What is the best way to contact you? <input type="checkbox"/> Telephone <input type="checkbox"/> Email <input type="checkbox"/> I acknowledge and understand that email messages are not encrypted on the hospital email system, and, therefore, CAMH cannot guarantee the security and confidentiality of messages that I send to or receive from CAMH	May we leave a detailed voicemail/message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we send a response letter to the address provided on this form? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:		

PART B: Correction Request Details

Instructions

Before completing this form, please read the “Info Sheet: Making a Request for Correction to Your CAMH Health Record” for important information about correction requests.

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

- Specify the exact title, date, and author of the document to be corrected (for example: Consultation Report written by Dr. John Smith, dated August 1, 2011).
- 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.
- State what you would like the information changed to. 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 if necessary.

Request Details

Title, author and date of document to be corrected	Page number, paragraph and sentence to be corrected	Provide the information needed to correct or complete the record. (see instructions above) Attachment(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

You may provide information needed to make the correction in a separate attachment if necessary.

Authorization

If your correction is granted, would you like CAMH to disclose the corrected information, if possible, to those who previously received the incorrect information from us within the past 2 years?

Yes No

Signature of client/patient or
Substitute Decision Maker (SDM): _____ Date: _____/_____/_____
DD-MM-YYYY

Signature of Witness: _____ Date: _____/_____/_____
DD-MM-YYYY

Print name of Witness: _____

PART C: Identification (for Information & Privacy Office use only)

a)

Identification validated date: DD-MM-YYYY

Identification validated by:

- Clinician
- CAMH Agent, other (complete part b), and sign below

b)

Identification provided:

- Driver's license
- Passport
- Citizenship card
- Other – please specify:

Validated by: Name (Please print)

Signature

PART D: Response to Corrections Request (for Information & Privacy Office use only)
Request Processing details

Date of initial contact with client: DD-MM-YYYY	Date written request received from client: DD-MM-YYYY
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- Correction granted in full, letter sent
- Correction granted-partial, letter sent
- Correction denied, letter sent
- Statement of Disagreement attached to record
- Notice of correction provided to others to whom incorrect information was disclosed

Additional Details:

Response

If extension to the correction request response was required, please indicate:

Date of Extension: DD-MM-YYYY Reason for Extension: _____

Date Client Notified of Extension DD-MM-YYYY

Date Notification Letter Sent: DD-MM-YYYY

Processed by: _____ Title: _____
 (Please print name)

Signature: _____ Date: ____/____/____
 DD-MM-YYYY