SOUTH GEORGIAN BAY
ONTARIO HEALTH TEAM

REQUEST FOR CORRECTION TO PERSONAL HEALTH INFORMATION

Please complete Parts A and B and submit to the Privacy Coordinator at 186 Erie St Suite 100, Collingwood, ON L9Y 4T3 or via email privacy@gbfht.ca or via fax at 705-444-1393.
For questions or assistance, please contact the Privacy Officer at 705-728-9090 ext. 47023 or privacy@gbfht.ca.

PART A: REQUESTOR INFORMATION *(all sections required – please print clearly)*

Requestor Name:

_____
Last Name First Name Initial

Date of birth:

_____
Patient Name (if different than requestor)

_____
Last Name First Name Initial

Date of birth: _____

Relationship to Patient* (if applicable):

_____

Address:

_____
Street City Province Postal Code

Phone Number: _____ Email Address: _____

** Only the Substitute Decision-Maker can request a correction on behalf of a patient*

PART B: REQUEST DETAILS *(all sections required – please print clearly)*

Please list the name(s) of the healthcare provider(s) or clinic(s) where the information you would like corrected was recorded:

Please provide or attach a detailed description of the record(s) and a description of the requested correction(s). Please include any supporting documentation you may have.

Note: You will be notified if the correction is not made and you may then request that a statement of disagreement be attached to the record.

PART C: Request Information *(Internal Use Only)*

Date Received:	Request No:	Comments: