SOUTH GEORGIAN BAY
ONTARIO HEALTH TEAM

STATEMENT OF DISAGREEMENT

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

PART B: STATEMENT OF DISAGREEMENT DETAILS *(all sections required – please print clearly)*

I have reviewed my personal health information, or the personal health information of the above patient, and disagree with the information contained within the record. I have been advised that my requested correction will not be made. Therefore, I hereby request that this 'Statement of Disagreement' be filed in the record.

_____ _____

Signature Date

Please provide or attach a detailed description of the information in disagreement, including date, time and author.