Kingston Health Sciences Centre
Centre des sciences de la santé de Kingston

REQUEST FOR CORRECTION TO PERSONAL HEALTH RECORD

We will correct your personal health record if it is demonstrated, to our satisfaction, that the record is inaccurate or incomplete for the purpose for which we collect, use or disclose the information. We will make every effort to respond to your request within 30 days after receiving request. In the event where a correction request relates to information contributed by eHealth Ontario or another regional/provincial system, you will be redirected accordingly. If you need assistance in completing this form, please call (613) 549-6666, extension 62567.

PART A: PATIENT INFORMATION (please print)

Last Name: ______________________________ First Name: ______________________________ Initials: _________

Mailing Address: ____

Date of Birth: ___________________________________
(yyyy / mm / dd)

Telephone Number (home) : ___________________________ Alternate Number: ___________________________

If you are a substitute decision-maker, we require copies of documents that confirm your authority as such, and your contact information: (please print)

Last Name: _________________________________ First Name: _____________________________ Initials: __________

Mailing Address: ____

Telephone #: ___________________________ Alternate #: ___________________________

PART B: CORRECTION REQUEST

1. List or attach the correction requested, with reasons for the correction:

REQUESTED CORRECTION: ____

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REASONS FOR CORRECTION: ____

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2. Would you like us to give notice of the correction, to the extent reasonably possible, to others who have received the information? **YES** ☐ **NO** ☐

Patient Signature: __________________________ **Name** (print) **:** _______________________ **Date:** _______________
(yyyy / mm / dd)

Please send completed form to:

Privacy Office
Kingston Health Sciences Centre
Kingston General Hospital Site
76 Stuart Street, Kingston, ON K7L 2V7
Fax: 613-548-2445