RVH
Royal Victoria
Regional Health Centre

Hospital Unit #_____

OFFICE USE ONLY

201 Georgian Drive, Barrie, ON, L4M 6M2

REQUEST FORM FOR

CORRECTION

TO PERSONAL HEALTH RECORDS

Information and Instructions

We will correct health record information if it is demonstrated, to our satisfaction, that the record is not correct or complete for the purpose for which we collect, use or disclose the information. We will make every effort to respond to your request in a timely fashion. Please complete Parts A and B of this Form. Part C is for our internal use. For information about our privacy protection practices, contact the RVH at 201 Georgian Drive, Barrie, ON, L4M 6M2, Phone 705-728-9802 extension 4259, Fax 705-728-0982

PART A: REQUESTER INFORMATION

Patient Contact Information:

_____ _____ _____

Last Name First Name Initials

_____

Mailing Address City/Town Postal Code

_____ _____

Telephone Number Birth Date

If you are a substitute decision-maker, your contact information:

_____ _____ _____

Last Name First Name Initials

_____

Mailing Address City/Town Postal Code

_____

Telephone Number

Note: Include copies of documents that provide your authority as a substitute decision-maker.

PART B: CORRECTION REQUEST

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

Requested Correction	Reasons for Correction

2. How do you wish to receive notice of the correction (in writing, by telephone)?

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