



REQUEST TO CORRECT PERSONAL HEALTH INFORMATION



(Personal Health Information Protection Act)

Name of Health Information Custodian:

Norfolk General Hospital

Norfolk Hospital Nursing Home

Patient Contact Information:

| | | | |
|-------------------------------|------------------|---|---------------------|
| Surname: | Given Name | Initial | Health Card Number: |
| Street Address: | City | Province | Postal Code |
| Date of Birth: Month Day Year | Telephone Number | | Best Time to Call |
| Telephone Number: | | Best Time to Call: <input type="checkbox"/> Day <input type="checkbox"/> Afternoon | |

Substitute Decision Maker: (Formal documentation provided)

| | | | |
|-------------------|-------------|---|--------------|
| Surname: | Given Name: | Relationship: | |
| Street Address: | City: | Province: | Postal Code: |
| Telephone Number: | | Best Time to Call: <input type="checkbox"/> Day <input type="checkbox"/> Afternoon | |

Specify the Change(s) Needed to Your Health Information and Reasons for the Changes

(If necessary, continue your description on a separate sheet of paper and attach it to this form) 2nd Page

| | | | |
|--|-------------------|---|---------|
| Chart Number: | Encounter number: | Document Type: | Author: |
| What health information needs to be changed? | | What changes do you want to make and why? | |
| | | | |

Signature: _____
How do you want to be contacted? In writing

Date: DD/MMM/YYYY _____
 By phone

Health Information Staff Name: _____

Date Received: _____

Reference: Correction of Personal Health Information Policy

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Version: 2023



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Instructions for Completing this form

Please Note: If you request for a change with your contact information (e.g., home address, postal code, date of birth, next of kin details, guarantor details) family physician, health insurance information (provincial, private, or student) in your clinical record including your health card version code, contact Health Information Management – Patient Registration team.

These changes can be made to your clinical record when you present your **valid government picture identification** so the Patient Registration clerk can verify your identity in our clinical system.

Requests for changes to other personal health information in your clinical record must be submitted in writing. A completed “*Request to Correct Personal Health Information*” form must be completed and given to Health Information Management – Health Records Department at Norfolk General Hospital.

Personal Health Information are not **deleted** in a patient’s clinical record, even if the personal health information is determined to be inaccurate. However, personal health information is identified as inaccurate within a patient’s clinical record and remains on your health record, as required by Ontario legislation.

Additional Details

- You must provide proof of your identity by providing a valid government picture identification (e.g., provincial health card, driver’s license or passport).
- If you are making a request on behalf of another patient, include proof that you can act on behalf of this patient (i.e., attach a photocopy of legal document that shows you are this patient’s guardian, substitute decision maker, or trustee or you have power of attorney).
 - Proof of your identity must be provided - a valid government picture identification (e.g., provincial health card, driver’s license or passport).
- You must be specific as possible in describing what documents/report containing the inaccurate personal health information by describing what is incorrect about the document/report, and what changes you are requesting to be made.
 - Attach any documents that support your correction request. If you require more space than the form provides, continue your description on a separate sheet of paper and submit it along with this correction request form. Identify that there is another page added.
- Use a pen to complete the form, sign and date this correction request form.

Submit This Form

Give the completed request form to Health Information Management - Health Records Department at Norfolk General Hospital or mail your completed request to the following address or phone number:

- Privacy Office at Norfolk General Hospital, 365 West Street, Simcoe, Ontario, N3Y 1T7
- Please ask any member of the Health Information Management Team 519 426-0139 ext. 1491 or contact our Privacy Office at 519 426-0139 ext. 1475 if you have any questions about this request form.

