



Request to Correct Personal Health Information

Under the Personal Health Information Act (PHIPA)

Your Information:

Last name: _____ First Name: _____ Middle Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Substitute Decision-Maker Information*

*Please provide documentation to satisfy the health information custodian that you are an authorized substitute decision-maker.

Last name: _____ First Name: _____ Middle Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____

Please provide a detailed description of the personal health information to which access has been granted and that you are requesting be corrected, the reasons that the personal health information is incomplete or inaccurate and the information necessary to enable the correction of the personal health information.

Signature: _____

Date: _____

The personal health information contained on this form is collected pursuant to the *Personal Health Information Protection Act, 2004* ("the Act") and will be used for the purpose of responding to your request for correction pursuant to section 55 of the Act. Questions about this collection should be directed to the Privacy Officer at Campbellford Memorial Hospital.