



Correction/Amendment to Personal Health Information (PHI) Form

Quality and Risk Management

This form should be used only when information within HGH health records requires a correction. Please ensure that all internal policies and procedure related to Corrections/Amendments are followed and the required documentation has been obtained.

PATIENT INFORMATION

Last Name:	First Name:
Address:	Phone Number:
Date of Birth (YYYY/MM/DD):	Gender:
Health Card Number:	MRN:

CORRECTIONS/AMENDMENTS TO BE MADE

Provide a description of Personal Health Information (PHI) to be corrected/amended including all applicable details to ensure accuracy of the correction (dates, exam description, etc.)

Patient/Requestor Signature: _____ Date: _____

FOR PRIVACY OFFICE/HEALTH RECORDS USE ONLY

VERIFICATION OF PATIENT/SUBSTITUTE DECISION MAKER'S IDENTITY:

Form of Identification:

- Driver's License # Health Card
- Passport Other: _____

ID Verified by: _____ Name _____ Date _____

PRIVACY OFFICE USE ONLY

ACCURACY OF THE REQUEST HAS BEEN VERIFIED AS FOLLOWS:

ACTION TAKEN:

Communication to requestor: _____ Name _____ Date _____

PRIVACY OFFICE SIGNATURE: _____ **Date:** _____

Please note that Ontario law does not permit hospitals to delete information from a patient's health record, even if that information is determined to be incorrect or incomplete. Instead, incorrect information is labelled as such and, in keeping with Ontario law, it continues to remain accessible within that record.

Please send to HGH Privacy Office or by e-mail to cpo@hgh.ca