KINGSTON GENERAL HOSPITAL

The Religious Hospitallers of Saint Joseph of the Hotel Dieu of Kingston

HOTEL DIEU HOSPITAL, KINGSTON, ONTARIO

REQUEST FOR CORRECTION TO PERSONAL HEALTH RECORD

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 within 30 days.

PART A: PATIENT INFORMATION

Last Name _____ First Name _____ Initials _____

Mailing Address _____

Date of Birth (yyyy/mm/dd) _____

Telephone Number at Home _____ Telephone Number at Work _____

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

Last Name _____ First Name _____ Initials _____

Mailing Address _____

Telephone Number _____

PART B: CORRECTION REQUEST

1. List or attach the correction requested, with reasons for the correction:
   ☐ Hotel Dieu Hospital visits ☐ Kingston General Hospital visits

   Requested correction: _____

   _____

   _____

   Reasons for correction: _____

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) _____