



REQUEST FOR CORRECTION OF THE CLINICAL RECORD

This form is to be completed by a person who believes there is an error in his/her clinical record.

Copies of this form must be provided to the:

- Chief Executive Officer, Whitehorse General Hospital; and
- physician.

IN THE MATTER OF the *Mental Health Act*

AND IN THE MATTER OF _____

NAME OF APPLICANT

It is my opinion that the following portions of my clinical record are incorrect

I believe the correct facts to be

I therefore request that my clinical record be corrected.

DATED at _____,
this ____ day of _____, 20 ____.

Signature of applicant

Printed name of applicant