

**Disclaimer for Custodians: This is a sample form only. It may not be suitable for your circumstances and should not be relied on as legal advice.**

**SAMPLE - APPLICATION FOR CORRECTION OF PERSONAL HEALTH INFORMATION**

<b>About You</b>	Last Name		First Name	
	Mailing Address	City/Town	Territory/Province	Postal Code
	Date of Birth (yyyy/mm/dd)			
	Contact Number (Daytime)		Contact Number (Evening)	

<b>About the information you want to correct</b>	What personal health information are you requesting be corrected? <i>(Please give as much detail as possible.)</i>
	What correction do you want to make and why? <i>(Please attach any documents that support your request.)</i>

<b>Your signature</b>	Signature	Date
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**For authorized office use only**

<b>Date received</b>	Reference # _____ <input type="checkbox"/> Identification Verified
	Date Activated: _____ Response Deadline: _____

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### **How to complete this form**

If you need help completing this form, *{the position title of the individual responsible for responding to correction requests}* can assist you.

#### **About the individual whose information you want corrected**

Enter your last name and first name, complete mailing address and your daytime and evening telephone numbers.

#### **About your request**

If you are making a request to correct your own personal health information you may have to provide proof of your identity. For example, we may ask to view a piece of photo identification or ask you some questions

#### **About the Information you want to correct**

1. What personal health information are you requesting be corrected? Please be as specific as possible in describing the records. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.
2. What correction do you want to make and why? Please be as specific as possible in describing the correction you are requesting. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

#### **Your signature**

Sign and date the form and send it to the *{the position title of the individual responsible for responding to requests for information.}*

**Contact Information:** include mailing address, physical location, phone and fax number, email address