CORRECTION REQUEST FORM

Information & Instructions:

As stated in the Personal Health Information Act, 2004 (PHIPA) 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 in a timely fashion. Please complete Parts A & B of this form.

Part C is for McMaster University Internal Use

Part A: Requester Information:

________________________  ______________________  ______________________
Client’s Family Name  First Name  Middle Name or Initial

Mailing Address:

________________________

Telephone Number  Date of Birth  Ontario Health Card Number

________________________  ______________________  ______________________

If you are a substitute decision maker, please provide your contact information.

Return to: McMaster University Privacy Officer, Gilmour Hall, Room 210, 1280 Main Street West, Hamilton, ON, L8S 4L8
Part B Correction/Request:

1. What information is incorrect or incomplete?

<table>
<thead>
<tr>
<th>Name of Document (Consultation, History &amp; physical, etc.)</th>
<th>Date of Document</th>
<th>Who is the author of the document?</th>
<th>Which information is incorrect or incomplete?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reason for Correction:

Would you like us to give notice of the correction, to the extent reasonably possible, to others to whom we have disclosed the information? (We will only do so if this correction affects your health care or otherwise benefits you)

☐ Yes  ☐ No

Signature

Print Name

Relationship to Client (if applicable)

Date

PLEASE RETURN TO THE ADDRESS ON THE FIRST PAGE
Part C: Correction Request Response (For Internal Office Use Only):

- Correction Made
- Correction Not Made

1. List Names, Contact Info and Comments of any individuals consulted

2. If correction not made, provide reasons:

3. If an extension to the correction request response was required, please indicate:

<table>
<thead>
<tr>
<th>Date of Extension</th>
<th>Reason for Extension</th>
<th>Date Client Notified of Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Notice of correction provided to others to whom incorrect information was disclosed.

List Names:                  Date:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Exceptions:

Name_______________________ Reason ______________________

Name_______________________ Reason ______________________

Name_______________________ Reason ______________________

5. A statement of disagreement was received and attached to the chart on:

Date:_______________________ Signed ______________________