



**REQUEST FOR CORRECTION TO PERSONAL HEALTH INFORMATION AND
PERSONAL INFORMATION**

Please complete Parts A and B and submit to the Regional Privacy Office at 201 Georgian Drive, Barrie ON, L4M 6M2, or via email privacy@headwatershealth.ca, or via fax at 705-797-3110.

For questions or assistance, please contact the Regional Privacy Office at 519-941-2410 ext 2578 or privacy@headwatershealth.ca.

PART A: REQUESTOR INFORMATION *(all sections required – please print clearly)*

Requestor Name:

Last Name	First Name	Initial
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Date of birth:

Patient Name (if different than requestor)

Last Name	First Name	Initial
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Date of birth: _____

Relationship to Patient* (if applicable):

Address:

Street	City	Province	Postal Code
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Phone Number: _____ Email Address: _____

** Only the Substitute Decision-Maker can request a correction on behalf of a patient*

PART B: REQUEST DETAILS *(all sections required – please print clearly)*

Please indicate at which hospital the record(s) was created.			
<input type="checkbox"/> Collingwood General & Marine Hospital	<input type="checkbox"/> Georgian Bay General Hospital	<input type="checkbox"/> Headwaters Health Care Centre	<input type="checkbox"/> Royal Victoria Regional Health Centre
Please provide or attach a detailed description of the record(s) and a description of the requested correction(s). Please include any supporting documentation you may have.			
<input type="checkbox"/> Request for Correction to Personal Health Information (Personal Health Information Protection Act) <input type="checkbox"/> Request for Correction to Personal Information (Freedom of Information and Protection of Privacy Act)			

Note: You will be notified if the correction is not made and you may then request that a statement of disagreement be attached to the record.

PART C: Request Information *(Internal Use Only)*

Date Received:	Request No:	Comments:
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