



# Request to Correct Personal Health Information (PHI)

under the Personal Health Information Protection Act, 2004

## Client Information

Last Name _____	First Name _____	Birthdate: _____
Address _____		Unit: _____
City _____	Province _____	PostalCode _____
Contact # _____	Alt Contact # _____	

## Parent/Legal Guardian (SDM)

Last Name _____	First Name _____	Initials _____
Address _____		Unit: _____
City _____	Province _____	PostalCode _____
Contact # _____	Alt Contact # _____	

\*Please provide documentation to show that you are authorized to receive this information if other than the legal guardian.

Please provide a detailed description of the personal health information to which access has been granted and that you are requesting be corrected, the reasons that the personal health information is incomplete or inaccurate and the information necessary to enable the correction of the personal health information.

Client Signature: \_\_\_\_\_

SDM Signature: \_\_\_\_\_ Date \_\_\_\_\_

Relationship: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client ID#: \_\_\_\_\_

**For Office Use Only**

Date Received \_\_\_\_\_

Date Completed \_\_\_\_\_

Correction  
Granted:  Yes  No

Statement of  
Disagreement: Yes  No

Comments:

File completed form and copy of response letter in the client information system. File Statement of Disagreement in client information system as applicable.

The personal health information contained on this form is collected pursuant to the Personal Health Information Protection Act, 2004 ("the Act") and will be used for the purpose of responding to your request for correction pursuant to section 55 of the Act. Questions about this collection should be directed to the Privacy Contact person (privacyofficer@kinark.on.ca).