

Waypoint Centre for Mental Health Care  
**REQUEST FOR CORRECTION OF PERSONAL  
 HEALTH INFORMATION**

Patient Name: \_\_\_\_\_  
 Place Patient Identifier Label Here  
 Account Number: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 (print full name of person) date of birth (dd/mm/yyyy) Health Card Number and Version Code

hereby request that the following correction be made to my personal health information:

- I also request that notice of the corrected information be provided to anyone to whom this information has been disclosed to in the extent that is reasonably possible. We will only do so if this notice will affect your health care or otherwise benefit you.

List or attach the correction(s) requested with reasons for the correction(s):

Information recorded in record	Correction request	Reason for correction	Document Location, Date & Time

If you are the patient’s Substitute Decision Maker (SDM), please include a copy of the document(s) that authorizes you as the SDM:

\_\_\_\_\_ Signature  
 Print name

Personal health information will be corrected 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. Please attach any supporting documentation. You will be notified if the correction is not made and you may request that a Statement of Disagreement be attached to your personal health information.

Note: You are entitled to make a complaint to the Information Privacy Office of Ontario with respect to any dealings that you had with this hospital with respect to your request for correction.

Information Privacy Commissioner of Ontario  
 2 Bloor Street East, Suite 1400  
 Toronto ON M4W 1A8  
 Telephone: 416-326-3333, toll-free: 1-800-387-0073, fax: 416-325-9195

**Hospital Use Only**

Date Received (dd/mm/yyyy): \_\_\_\_\_

**Legal documents confirming SDM appointment**

**Correction made by:**

- Updating demographic information in Health Information System
- Addendum added labelling information as incorrect and recording correct information
- Striking out incorrect information and re-scanning into Health Information System

**Correction not made** – see attached decision letter “Notice of Refusal to Correct Personal Health Information Record”

\_\_\_\_\_ Date (dd/mm/yyyy)  
 Processed by

