

Waypoint Centre for Mental Health Care
Statement of Disagreement with a Record of
Personal Health Information

Patient Name: _____
Place Patient Identifier Label Here
Account Number: _____

I, _____
(print full name of person)

of _____

hereby state that I disagree with the information contained in the record of personal information of

(name)

And hereby require that this "Statement of Disagreement" be attached to the above personal information with respect to a correction or corrections requested but not made.

- I also request that this "Statement of Disagreement" be given out whenever you disclose the personal information to which this statement relates.
- I also request that notice of the corrected information be provided to anyone to whom this information has been disclosed to in the past year to the extent that is reasonably possible.

Information Recorded in Record	Disagreement/Preferred Information

_____ Date (dd/mm/yyyy)

_____ Signature

We will correct personal 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 manner.

Note: You are entitled to make a complaint to the Information and Privacy Commissioner of Ontario with respect to any dealings that you had with Waypoint regarding your request for correction.
Information and 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

