



Information and Instructions

St. Joseph's Healthcare Hamilton (SJHH) will correct a health record if it is demonstrated, to our satisfaction, that the record is incorrect or incomplete for the purpose for which we collect, use or disclose the information (i.e. to provide health care).

Exception: SJHH is not required to correct a record if it consists of a professional opinion or observation made in good faith, as indicated in the Personal Health Information Protection Act, 2004, s. 55(9)(b).

Please complete the form below to request correction to your personal health information. We will make every effort to respond to your request within 30 days. If we require more time to issue our response, you will be notified. Once completed, please submit a copy of your completed request form to the SJHH Privacy Office at privacy@stjoes.ca, or by mail to the address listed at the bottom left of this form.

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
First Last (yyyy/mm/dd)

Address: _____
Unit Number/Street City/Province Postal Code

Telephone Number: _____ Email Address: _____

SUBSTITUTE DECISION MAKER INFORMATION *(if applicable)*

SDM Name: _____ Relationship Parent Guardian
First Last to Patient: Other: _____

Address: _____
Unit Number/Street City/Province Postal Code

Telephone Number: _____ Email Address: _____

PREFERRED METHOD OF COMMUNICATION

Preferred method of contact:

- Telephone - If telephone, may be leave a voicemail? Yes No
 Email

May we send a response letter to the address provided on this form?

- Yes, by mail **-or-** Yes, by email
 No

Details: _____



CORRECTION REQUEST INSTRUCTIONS

To process your request for correction(s), please provide the following information and, if possible, enclose a copy of the document to be corrected:

- Specify the exact title, date, and author of the document to be corrected (i.e. Consultation Report written by Dr. John Smith, dated August 1, 2023).
- Specify which page, paragraph, and sentence in the document contains the information to be corrected (i.e. Page 2, Paragraph 2, last sentence) and, if possible, highlight or underline that information in the document itself.
- State what you would like the information changed to and please be specific (i.e. my date of birth is January 1, 1999 (not 1997)". If necessary, you may submit the required information in a separate attachment.

CORRECTION REQUEST DETAILS

AUTHORIZATION

If your correction is granted, would you like SJHH to disclose the corrected information, if possible, to those who previously received the incorrect information from us (within the last 2 years)? Yes No

Signature of Patient/SDM

Printed Name

Date (yyyy/mm/dd)

INTERNAL OFFICE USE ONLY

Date Request Received: _____ Received By: _____
(yyyy/mm/dd) Name/Title

Correction Request Response:

Correction made in full Correction made in part Correction denied Statement of Disagreement attached

SJHH Privacy Office

50 Charlton Avenue East
Hamilton, ON L8N 4A6
Tel: 905-522-1155 x 35909