



**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 [regionalprivacy@rvh.on.ca](mailto:regionalprivacy@rvh.on.ca), or via fax at 705-797-3110.  
For questions or assistance, please contact the Regional Privacy Office at 705-792-3318 or [regionalprivacy@rvh.on.ca](mailto:regionalprivacy@rvh.on.ca).

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

Requestor Name:

\_\_\_\_\_

Last Name	First Name	Initial
-----------	------------	---------

Date of birth:

\_\_\_\_\_

Patient Name (if different than requestor)

\_\_\_\_\_

Last Name	First Name	Initial
-----------	------------	---------

Date of birth: \_\_\_\_\_

Relationship to Patient\* (if applicable):

\_\_\_\_\_

Address:

\_\_\_\_\_

Street	City	Province	Postal Code
--------	------	----------	-------------

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)*

<b>Please indicate at which hospital the record(s) was created.</b>			
<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
<b>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.</b>			
<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:
----------------	-------------	-----------



**PART C: STATEMENT INFORMATION** (*Internal Use Only*)

Date Received:	Request No:	Date Published:
----------------	-------------	-----------------