

Correction to Personal Health Record Form #5

Part A: Patient Contact Information

Last Name	First Name	Initials
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Address

Telephone Number	Date of Birth	QA#
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If you are a substitute decision-maker, your contact information:

Last Name	First Name	Initials
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Address

Telephone Number	Relation to Patient
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Documentation provided to confirm substitute decision-maker

Patient/SDM Signature	Name (Print)	Date
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Part B: Correction Request

1. List or attach the correction requested, with reasons for the correction.

Requested Correction	Reason for Correction

2. How do you wish to receive notice of the correction in writing by phone?

3. Would you like us to give notice of the correction to others to whom we have disclosed the incorrect information? (We will only do so if this notice will affect your health care or otherwise benefit you). Yes No N/A

Part C: Correction Request Response (For Internal Use Only)

- Correction made
- Correction not made
- Refusal letter (with letter) sent
- Statement of Disagreement attached to record
- Date of Response

1. List names, contact information and comments of any individuals consulted:

2. If correction was not made, provide reasons:

3. If an extension to the correction request response was required, please indicate:

Date of Extension	Reason for Extension	Date Patient Notified of Extension

4. Notice of correction provided to others to whom incorrect information was disclosed.

5. Processed by:

Signature **Name(print)** **Date**