



Request to Correct or Amend Health Information

The information on this form is collected under Alberta's *Health Information Act* and will be used to respond to your request for correction or amendment. Instructions for completing this form are on the back.

About you

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. Last name		First name	
<input type="checkbox"/> Mrs. <input type="checkbox"/> Miss			
Mailing address			
City or town		Province	Postal code
Telephone (business) ()	Telephone (home) ()	Fax number ()	E-mail address
Date of Birth (day) (month) (year)			

About your request

- Whose information do you want to correct?
 - Your own health information
 - Another person's health information *(Please include information to identify the other individual and attach proof that you can legally act for the individual (section 104 of the Act))*
- To which custodian are you making your request? *(Please fill in the name of the individual or organization.)*

CapitalCare

About the information you want to correct

- What health information needs to be corrected or amended? Please give as much detail as possible. *(Be sure to give the complete name that is in the records if it is different from the name given above. If you need more space, please attach a separate sheet of paper.)*

- What correction or amendment do you want to make and why? *(Please attach any documents that support your request.)*

Your signature

Signature	Date
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For authorized office use only:

Date received	Request number

How to complete the form

You can correct or amend information in many custodian records without making a request under the *Health Information Act*. To determine whether you need to make a request under the *Act* or if you need help completing the form, contact the HIA Coordinator or the person responsible for processing requests in the organization to whom you are making the request.

About you

Check the title by which you prefer to be addressed and enter your last name and first name. Enter your complete mailing address and your daytime and evening telephone numbers. The custodian may need to contact you if they have any questions about your request. If you have a fax number or E-mail address where correspondence can be sent, enter them in the spaces provided.

About your request

1. Whose information do you want to correct or amend? Indicate whether you want your health information or another person's health information to be corrected.

Your health information: If you want your records to be corrected or amended, you will have to provide proof of your identity.

Another person's health information: If you want the records of another person to be corrected or amended, you will have to provide proof that you have the authority to act for that person. For example, you might provide proof that you are the person's guardian or trustee or that you have power of attorney for the person.

2. Enter the name of the custodian that you believe has the records that you want to correct or amend.

About the information you want to correct

1. What records contain the information that you want corrected or amended? Please be as specific as possible in describing the records. The more specific your request, the quicker and more

accurately it can be answered. If you need more space, please continue your description on a separate sheet of paper and attach it to this request form.

If you want a correction or amendment made to your own health information, please be sure that you give:

- your full name;
- any other names that you have used on the records; and
- any identifying number that relates to the records, such as your personal health number, case number or other identification number.

If you want a correction made to another person's information, please give:

- the person's full name;
- any other name that person may have used on the records; and
- any identifying numbers (such as a personal health number, case number, etc.) for the person if you know them.

2. What corrections or amendments do you want made? What is incorrect about the information that is currently on the record? Please be specific.

Your signature

Sign and date the application and send it to the HIA Coordinator or personal responsible for processing requests in the appropriate organization. If you are not sure of where to send the form, please consult the HIA Coordinator or responsible person in the organization that has the records you wish to correct or amend.