

Please submit your completed form and supporting documentation by email to ChartCorrection@ahs.ca or by mail to HIM- Chart Correction, Walter C. Mackenzie Health Sciences Centre, 0E1, 8440- 112 Street NW, Edmonton, AB T6G 2B7. For questions on how to complete this form, contact the Health Information Management Chart Correction team at ChartCorrection@ahs.ca.

| Requestor Information | | | |
|---|-----------|---------------------------|-----------------------------|
| Title | Last Name | First Name | |
| Mailing address | | | |
| City or town | | Province | Postal code |
| Telephone (<i>Business</i>) | | Telephone (<i>Home</i>) | Fax number |
| Email address | | | |
| Patient Information (<i>Provide information about the individual who is the subject of the correction or amendment request.</i>) | | | |
| <input type="checkbox"/> Same as above | Last Name | First Name | |
| Date of Birth (<i>dd-Mon-yyyy</i>) | | Personal Health Number | |
| Request Information | | | |
| Type of Request | | | |
| <input type="checkbox"/> This is a request for correction or amendment of my health information. <input type="checkbox"/> This is a request for correction or amendment of someone else's health information. Proof of your authority to act on behalf of another individual who is the subject of the health information or a valid written consent from the individual who is the subject of the health information MUST be attached. | | | |
| <ul style="list-style-type: none"> • Please attach a copy of the health record(s) you want corrected or amended. If you do not have a copy, please contact the Disclosure Help Line (<i>1-855-312-2265</i>)(Disclosure@ahs.ca) OR the facility's Health Records Department. • Please provide a clear copy of valid identification (ID). Provide one of the following: <ul style="list-style-type: none"> • One (1) piece of photo ID (<i>eg: driver's license, passport, identification card</i>) • Two (2) pieces of ID without a photo (<i>eg: health care card, birth certificate, marriage certificate</i>) | | | |
| Be clear, concise and specific when identifying the information within the health record(s) you want corrected/amended. | | | |
| What additional documentation do you have to support your request? <i>When you identify the information in your health record(s) that you believe is wrong and/or where there is a mistake, please provide supporting documentation containing objective evidence that demonstrates where there is an error.</i> A statement of personal opinion will not be considered as supporting documentation or objective evidence. | | | |
| Signature | | | Date (<i>dd-Mon-yyyy</i>) |
| For authorized office use only | | | |
| Date received (<i>dd-Mon-yyyy</i>) | | Case Number | |

Personal information on this form is collected under section 20 of the Health Information Act and will be used to respond to your request. If you have questions about AHS' collection and use of your personal information, contact Chart Correction at ChartCorrection@ahs.ca.