westgrove clinic SPRUCE GROVE

Request to Correct or Amend Health Information

Health Information Act

Please submit your completed form either in person or by mail to Westgrove Clinic, #201, 505 Queen Street, Spruce Grove, AB, T7X 2V2, or by fax to (780) 960-5298. For questions on how to complete this form, call the clinic at (780) 962-9888.

Requestor Information		
☐ Mr ☐ Ms ☐ Dr ☐ Mrs ☐ Miss	Last Name	First Name
Mailing address		
City or town	Province	Postal code
Telephone *(Business)*	Telephone *(Home)*	Fax number
Email address		

Patient Information *(Provide information about the individual who is the subject of the correction or amendment request.)*		
☐ Same as above	Last Name	First Name
Date of Birth *(yyyy-Mon-dd)*	Personal Health Number	

Request Information

Type of Request

☐ **This is a request for correction or amendment of my health information.**

☐ **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.

Please clearly identify the health record(s) you want corrected or amended. *(If you have a copy of the record(s) you want corrected or amended, please attach them to your request.)*

What health information do you want corrected or amended? (*Be clear, concise, and specific when you identify the information within the health record(s))*

What additional documentation do you have to support your request?

(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. A statement of personal opinion will not be considered as supporting documentation or objective evidence.)

Signature	Date *(yyyy-Mon-dd)*

For authorized office use only	
Date received *(yyyy-Mon-dd)*	Request 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.