



Correction Request For Personal Health Information

Personal Health Information Protection Act, 2004 (PHIPA)

SECTION A: PERSONAL HEALTH INFORMATION DETAILS

Type of Correction Request (Select one)

Correction to my own personal health information
Correction to another's personal health information
by an authorized party

Department (Select all that apply)

Public Health
Paramedic Services
Seniors Services
Early Intervention Services

Name of person whose personal health information is being requested for correction

First Name:

Last Name:

Date of Birth (yy/mm/dd):

Description of information for correction (Please specify details, e.g., document name, date range, and/or sections that you believe require correction):

SECTION B: REQUESTER DETAILS

I am the individual whose personal health information is being requested for correction

I am the parent with custody, or a person lawfully entitled to consent on behalf of the individual.

(Please provide supporting documentation – See FAQ Section 3)

First Name:

Last Name:

Street Address:

Postal Code:

Province:

Phone Number:

Requester's Signature:

Date:

SECTION C: CONSENT FOR DISCLOSURE BY ENCRYPTED EMAIL

If you would like the requested information disclosed to you by encrypted email, please review the consent information below and provide an email address to release the information.

- I authorize the Community and Health Services - Privacy Office to release the above noted personal health information by an encrypted email to myself and/or a third party (if applicable)
- I understand there are risks associated with email communication. Sending personal health information by encrypted email does not guarantee complete security, and the information could be inappropriately accessed by others
- I understand that I have the right to withdraw consent at any time by contacting chsprivacy@york.ca. Withdrawal of consent does not have a retroactive effect
- I have been given an opportunity to ask questions related to this consent form and my questions were answered

Email Address:

Submit Ambulance Call Report correction requests to:

Email: patients@york.ca

OR

Mail: The Regional Municipality of York
Community and Health Services
Paramedic and Seniors Services – Privacy Office
80 Bales Drive East
Sharon, Ontario L0G 1V0
1-877-464-9675 Ext. 74749

Submit Public Health, Social Services and Senior Services correction requests to:

Email: chsprivacy@york.ca

OR

Mail: The Regional Municipality of York
Community and Health Services – Privacy Office
17150 Yonge Street – 6th Floor
Newmarket, Ontario L3Y 8V3
1-877-464-9675 Ext. 73007

FAQ

1. How long will it take to receive a decision?

York Region has 30 calendar days to respond to your request from the date the request and supporting documentation is received.

2. Is there a processing fee?

There is no fee to request a correction to a record.

3. What supporting documentation do I need to include with my correction request form?

Correction to my own information

- A copy of your driver's license or another government issued photo ID

Correction on behalf of my child where there is a custody arrangement

- A court order stating the custody arrangements
- A copy of your driver's license or another government issued photo ID

Correction on behalf of another individual

- Consent from the individual, or
 - Power of Attorney Documentation (POA). If POA is shared, consent is required from both POAs
 - A copy of your driver's license or another form of government issued photo ID for each POA

Correction for a deceased individual

- Estate Trustee documentation in the Will or other supporting documentation
- If Estate Trustee status is shared, consent is required from both parties
- A copy of your driver's license or another form of government issued photo ID for all Estate Trustees

Law firms

- The complete correction request form or the formal correction request letter on letterhead
- Consent from client

4. What happens after I submit a correction request?

You will receive an acknowledgment confirming the receipt of your request from our office. You may be contacted for clarification on the nature of your request and/or to gather additional information essential for our office to initiate a consultation relating to your concern. For instance, we may request specific details such as the document name, date range, and/or sections that you believe require correction. Within 30 days, a written response will then be provided to you by our office to communicate the outcome of the decision.

5. Where do I submit a correction request?

This form may be submitted by mail or email to the below addresses.

Ambulance Call Report correction requests

The Regional Municipality of York
Community and Health Services
Paramedic and Seniors Services – Privacy Office
80 Bales Drive East
Sharon, Ontario L0G 1V0
1-877-464-9675 Ext. 74749
patients@york.ca

Public Health, Social Services and Senior Services correction requests

The Regional Municipality of York
Community and Health Services – Privacy Office
17150 Yonge Street – 6th Floor
Newmarket, Ontario L3Y 8V3
1-877-464-9675 Ext. 73007
chsprivacy@york.ca

6. How do I appeal to the Information and Privacy Commissioner?

If you are not satisfied with our decision regarding your correction request, you can file a complaint to the Information and Privacy Commissioner of Ontario (IPC). The IPC can be reached at:

Information and Privacy Commission of Ontario

2 Bloor Street East, Suite 1400 Toronto,
Ontario M4W 1A8
1-800-387-0073 or 416-326-3333 Fax: 416-325-9195
info@ipc.on.ca www.ipc.on.ca