

Request for Correction to Your Information

Information & Instructions

We will correct information held by OTN if it is demonstrated that the record is not correct or complete for the purpose for which we collect, use or disclose the information. We will make every effort to respond to your request in a timely fashion. **Please complete Parts A and B of this Form** and forward to the address below. Part C is for our internal use.

For more information about this form or our privacy practices, contact the Privacy and Risk Team at **1-855-654-0888**

Ontario Telemedicine Network
438 University Avenue, Suite 200
Toronto, ON M5G 2K8
Attention: Privacy and Risk Team

Part B: Correction Request

1. Please provide a detailed description of the information you are requesting be corrected.

Requested Correction	Reasons for Correction

2. How do you wish to receive notice of the correction?

In writing (please provide address)

MAILING ADDRESS

CITY

PROVINCE

POSTAL CODE

By telephone (including area code) _____

3. Would you like us to give notice of the correction, to the extent reasonably possible, 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

SIGNATURE

DATE (DD-MMM-YYYY)

FIRST AND LAST NAME (Please Print)

Part C: Correction Request Response (for internal use only)

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

List Names, Contact Information & Comments Of Any Individuals Consulted:

If Correction Was Not Made, Provide Reason(S)

If An Extension To The Correction Request Response Was Required, Please Indicate:

DATE OF EXTENSION

REASON FOR EXTENSION

DATE INDIVIDUAL WAS NOTIFIED OF EXTENSION

If An Extension To The Correction Request Response Was Required, Please Indicate:

PROCESSED BY:

SIGNATURE

PRINT NAME

TITLE

DATE (DD-MMM-YYYY)

For Otn Staff Use Only

Date request received: _____
DATE (DD-MMM-YYYY)

Request reviewed and approved by: _____

Date audit completed: _____
DATE (DD-MMM-YYYY)

Audit completed by: _____

Date request received: _____
DATE (DD-MMM-YYYY)

Audit sent method: _____

Date audit sent: _____
DATE (DD-MMM-YYYY)

Processed by: _____

Tel: _____

