

# University Health Network Policy & Procedure Manual Administrative – Patient Requests for Correction to Medical Record

## Policy

The Ontario Personal Health Information Protection Act, 2004 (PHIPA) gives patients the right to request corrections to their medical record of personal health information if it is believed to be either incomplete or incorrect.

University Health Network (UHN) grants requests for correction where the patient demonstrates, to UHN's satisfaction, that the record is incomplete or inaccurate for the purposes for which UHN uses the information, and when the patient provides the information necessary to enable the correction.

Upon receiving a correction request, UHN is required to respond with a decision letter within a period of 30 days. An extension of an additional 30 days is permitted with written notification to the requestor. All correction requests must be addressed within the 60-day timeframe.

At the request of the patient and to the extent reasonably possible, UHN gives written notice of the correction to the persons or organizations to whom the information has been disclosed, except if the correction cannot reasonably be expected to have an effect on the ongoing provision of health care or other benefits to the patient.

## Refusal of a Correction Request

UHN refuses requests for correction where:

- The correction is to section of the medical record that was not originally created by UHN and does not have sufficient knowledge, expertise and authority to correct the record.
- Requests for correction of personal health information consisting of a professional opinion or observation that UHN or its agent has made in good faith.

Correction requests that UHN believes are either frivolous or vexatious may be refused. In these instances, UHN must provide, in writing, the reason for the refusal and the option to contact the Information and Privacy Commissioner to lodge a complaint.

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Policy Number	<b>1.40.010</b>	Original Date	<b>07/06</b>
Section	<b>Confidentiality</b>	Revision Date(s)	
Issued By	<b>Shared Information Management Services</b>	Review Date	
Approved By	<b>Vice-president &amp; Chief Information Officer; UHN Operations Committee; Medical Advisory Committee</b>	Page	<b>1 of 4</b>

In cases where it is not possible to make requested corrections to a record of personal health information, the patient must be advised in writing of the reason for the refusal. The patient must also be advised that a “statement of disagreement” may be appended to the original record that will accompany any disclosures of the original record. In addition, the patient has the right to lodge a complaint with the Information and Privacy Commissioner.

The statement of disagreement will be disclosed whenever the custodian discloses information to which the statement relates.

At the request of the patient, UHN gives written notice of the statement of disagreement (to the extent reasonably possible) to the person(s) to whom UHN has disclosed the information relating to the requested correction.

- An exception to this requirement is if the correction cannot reasonably be expected to have an effect on the ongoing provision of health care or other benefits to the patient.

Complaints made to the Information and Privacy Commissioner regarding a refused correction request must be initiated within 6 months of UHN’s decision.

All inquiries made by the Information and Privacy Commissioner must be immediately directed to the Privacy Office, 416-340-4800 x6937/14-6937.

## Procedure

1. Patients requesting a correction to their record of personal health information are requested to do so in writing.
  - Direct patients requesting corrections to specify the correction they are requesting and the reason for the correction.
2. Upon receipt of a written request for correction to the medical record of personal health information (see [UHN Medical Record of Personal Health Information](#) policy 1.40.009), the recipient of the request:
  - Verifies the identity of the patient or substitute decision maker and determines the requestor’s authority to request the correction.
  - Verifies the correction request relates to a record of treatment provided by UHN. If the request relates to information received by UHN from another provider, redirects the requestor to the appropriate provider.

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- Promptly forwards the request to the appropriate UHN staff or clinician to review the request and assess the appropriateness of making the requested correction.
  - Where applicable, directs the request to the attending physician.
  - Where the attending physician is not available to review the request within the required time frame, escalates the request by directing it to the attending physician’s supervisor.
3. When making a correction to a record of personal health information, strike out the inaccurate information and add the correct information to the side.

**Note:** Do not obliterate the inaccurate information.

- Within the electronic record, edit the inaccuracy including a reference to the full account of the correction (including the patient’s request) scanned within the correspondence section of the record.
  - Where it is not possible to record the correct information in the record, identify a method whereby anyone who accesses the record will be informed that the information in the record is incorrect and will direct the person to the correct information.
4. Within the 30-day time period, advise the patient, in writing, of action taken to correct the record or a decision to [refuse the correction](#). If an extension is required, notify the patient in writing of the reason for the extension.
- Where a correction request is refused, a decision letter must give the reasons for the refusal and inform the patient that he/she is entitled to:
    - a. prepare a concise “statement of disagreement” that will be appended to the original record
    - b. require UHN to disclose the statement of disagreement whenever the related information is disclosed
    - c. require UHN to make reasonable efforts to disclose the statement of disagreement to the individuals and/or organizations to whom the information has been disclosed, unless the correction cannot reasonably be expected to have an effect on the ongoing provision of health care or other benefits to the patient, and
    - d. complain to the Information and Privacy Commissioner

**Note** The time period required to issue a decision letter must not exceed 60 days from when UHN receives the request.

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5. Direct any questions for clarification or additional information on requests for correction to:

- Health Record Services at (416) 340-4771
- Privacy Office at (416) 340-4800 x6937
- Patient Relations at (416) 340-4800 x4907

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