



Policy Name APPLICANT'S REQUEST FOR CORRECTION OF OWN PERSONAL INFORMATION IN HEALTH RECORD		Policy Number: 0938
		Effective Date: November 3, 1999
Approved By: Management	Drafted by:	Date Revised: September 17, 2012
Classification: Governance and Administration		Page No: Page 1 of 5

POLICY

There may be times when an individual believes an error or omission has been made in their own personal information on record at The Salvation Army Agapé Hospice (Agapé Hospice). As per Section 35 of Freedom of Information and Protection of Privacy Act (FOIPP), an individual may request that the information which is under the control and custody of The Salvation Army Agapé Hospice be corrected.

In accordance with Definitions 1N (i) – (ix) in FOIPP, Personal Information is defined as any recorded information about an identifiable individual, including:

1. The individual's name, home or business address or home or business telephone number;
2. The individual's race, national or ethnic origin, color or religious or political beliefs or associations;
3. The individual's age, sex, marital status or family status;
4. An identifying number, symbol or other particular assigned to the individual;
5. The individual's fingerprints, blood type or inheritable characteristics;
6. Information about the individual's health and health care history including information about a physical or mental disability;
7. Information about the individual's educational, financial, employment or criminal history, including criminal records where a pardon has been given;
8. Anyone else's opinions about the individual;
9. The individual's personal views or opinions, except if they are about someone else.

Section 35 of FOIPP requires that Agapé Hospice either:

1. correct errors or omissions to personal information requested by the individual whom the information is about, or,
2. when a correction is refused, file an annotation statement on the individual's file.



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In the correction of errors or omissions, the integrity of the original entry must be maintained as it may be relevant to subsequent care decisions. Corrections will only be made to factual-based information and will not apply to opinion.

The Director of Resident Care or the Executive Director will receive all requests for correction to personal information.

The correction process will be completed within thirty (30) days of receipt of the request for correction.

PROCEDURE

1. The applicant completes and submits a "Request for Correction of Personal Records" form to the Director of Resident Care or Executive Director.

Corrections to demographic information, including but not limited to the applicant's:

- i. home or business address
- ii. home or business fax number

do not require completion of the form. These corrections can be processed via a verbal request from the individual upon verification of the identification of the requester.

2. The Director of Resident and Executive Director will review the request to determine whether the request is granted or refused.
3. In the case of a correction, the Director of Resident Care will ensure that the correction is made, and inform the applicant in writing.
4. In the case of a refusal, an annotation form must be completed and attached to the record.
5. The Director of Resident Care will advise the applicant of the decision to correct or annotate the record.
6. The Director of Resident Care or Executive Director will represent Agapé Hospice if the applicant appeals to the Information and Privacy Commissioner.
7. The annotation will be made accessible to all future users of the record
8. The Executive Director will advise any public body or third party to whom the information was disclosed, in the year preceding the registration date of the request for correction of personal information, that a correction, annotation or linkage has been made.



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ATTACHMENT

Request for Correction of Personal Records Form
Annotation Form



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Annotation Form

Name of personal information bank: _____ Reference Number: _____

In response to The Salvation Army Agapé Hospice's refusal to make a correction to the record of _____ which was requested on _____, following annotation to the record, file or database, is recommended.

(name of individual) (date)

I agree with the above annotation.

Applicants Signature

Date

This notation has been sent to the individual and to all public bodies and organizations to which the information was disclosed in the year preceding the registration date of the Request for Correction of Personal Information.

Signature of Resident Care Manager (print name and sign)