

 <p>Thames Valley Family Health Team</p>	Policy:	Code Number
	Patient Request to Correct/Amend Personal Health Information	Pages: 14
	Approval Date: November 7, 2017 Approval Body: TVFHT Executive Director	Last Review Date: Last Revision Date:

This policy applies to: Thames Valley Family Health Team¹ and our staff members and to personal health information (PHI) held in the custody or control of Thames Valley Family Health Team (examples: PHI collected in relation to health wellness programs delivered by the TVFHT and PHI collected in the process of completing mandatory reporting to the LHIN and MOHLTC and stored on TVFHT network or devices). This policy does not directly apply to personal health information stored in electronic medical records (EMR) held in the custody or control of Physicians/Family Health Organizations/Networks or Hospitals partnering with the Thames Valley Family Health Team, who are also, each, Health Information Custodians (PHIPA, 2004) governed by Ontario's privacy legislation. This policy and its' related procedures are intended to ensure TVFHT's compliance with Ontario's privacy legislation and to complement and support policies and procedures established by the partner Physicians/Family Health Organizations/Networks and Hospitals.

Thames Valley Family Health Team requires anyone who collects, uses or discloses personal health information on our behalf to be aware of our policies and procedures related to Requests to Correct/Amend Personal Health Information and the importance of complying with this policy and its' related procedures.

Thames Valley Family Health Team (TVFHT) staff members working as agents of Health Information Custodians (HIC's) partnering with TVFHT are allowed, in compliance with Ontario's privacy legislation and within the scope of their individual role responsibilities, to facilitate patient requests to correct/amend their personal health information held within the custody or control of the partnering HIC (example: PHI held in the EMR). In facilitation of requests for correction/ amendment of PHI, staff members of the TVFHT will comply with privacy policies and procedures of the applicable Health Information Custodian wherever available, but may refer to procedures associated with this TVFHT policy wherever it is useful to do so, to assist in ensuring compliance with Ontario's privacy legislation.

POLICY

Thames Valley Family Health Team (TVFHT) respects the right of patients (or their substitute decision makers/SDMs) to challenge the accuracy and completeness of their personal health information and have it amended as appropriate. Patients or their SDMs must show that the disputed entry is not correct or complete and provide the information necessary to make the correction.

This policy applies to alleged errors and omissions of fact in the patient's health information. It does not apply to requests from patients/SDMs to amend their patient contact information and/or demographic information. Such requests should be directed to the patient's family physician's office.

A patient/SDM should make their correction/amendment request in writing to the TVFHT Privacy Officer using the [Request to Correct/Amend Personal Health Information form](#). The Privacy Officer will refer the request to the author of the record in question or the Most Responsible Provider (MRP), as appropriate. In collaboration with the Privacy Officer, the author of the record in question or the MRP is responsible for assessing the request according to the legislated time frame and rules (refer to the [Process Map for Responding to Patient/SDM Requests for Amendment to Personal Health Information – Appendix A](#)).

It is the responsibility of the Privacy Officer to ensure that the patient/SDM is notified as to whether their request is accepted or denied and the actions taken. If a request for correction/amendment is accepted the record in question is retained and corrections are either added to that record or the reader is directed to the dated, signed and corrected entry. If a request is denied, the Privacy Officer will inform the patient/SDM of their right to prepare a statement of disagreement, which, if completed, is placed on the patient's health record.

Processing of patient/SDM requests for correction/amendment of personal health information (PHI) must comply with legislative requirements and professional standards. Patient/SDM requests to correct/amend PHI related to information held in the custody or control of TVFHT must also comply with the procedures related to this policy.

Patient/SDM Requests to Correct/Amend PHI held within an EMR:

When facilitating (i.e., working as an agent of the accountable HIC) correction/amendment of PHI requests related to information held in the custody or control of a HIC partnering with TVFHT (e.g., information held in an EMR) the TVFHT staff member will, within the scope of his/her role description:

- a) Comply with the available policies and procedures of the accountable custodian (HIC),
- b) In the event that such policies and procedures are unavailable, consult with the HIC's privacy officer for direction, and
- c) If the accountable HIC's privacy officer agrees, utilize the procedures and forms accompanying this policy to respond to the request.

DEFINITIONS

Amendments – to personal health information could include correction, deletion or the addition of information, depending on the nature of the information challenged.

Author – refers to staff member/physician/person acting as an agent of the HIC who created the disputed record and who continues to be employed/affiliated with the HIC (TVFHT/FHO/Network/Hospital) at the time of the correction request.

Capable/Capability - the patient is capable with respect to the amendment/correction of their PHI, if the patient is able to:

- Understand the information that is relevant to making a decision concerning the amendment/correction of PHI; and
- Appreciate the reasonably foreseeable consequences of a decision or lack of decision.

Confidentiality - The obligation upon an organization or person to protect information that has been entrusted to its care for a specific purpose and to ensure that information is only accessible to those authorized to have access.

Health Information Custodian (HIC) - a person or organization that is responsible and accountable for the PHI it collects, uses and discloses. The HIC is responsible for the information management practices of its staff, consultants, volunteers, affiliates, agents and administration or anyone working on behalf of the HIC. According to law, Thames Valley Family Health Team as an organization is a HIC.

Health Record - consists of all personal information and PHI, regardless of the medium, accumulated in:

- Hard-copy health record,
- Electronic medical record,
- Documents created and maintained in clinics and private offices, e.g., PHI collected as part of TVFHT wellness programs and PHI stored in TVFHT databases used to complete mandatory reporting.
- Diagnostic images and reports, lab specimens and reports, photographs, videos, sound recordings, microfilm or microfiche.
- Any other medium.

Identifying Information - refers to information that identifies an individual or for which it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify an individual.

Most Responsible Practitioner (MRP) - for the purpose of this policy the MRP may be a physician/dentist/midwife/nurse practitioner/psychologist/social worker or other Regulated Health Professional who would have knowledge of the patient and the potential risks related to amendment/correction of PHI.

Patient/SDM - for the purpose of this policy means the patient/client/individual participant, if the patient is capable with respect to the amendment/correction of their PHI, or the patient/client/individual participant's Substitute Decision Maker (SDM), if the patient is incapable with respect to the amendment/correction of their PHI.

Patient Contact and Demographic Information - refers to information that is relatively constant across visits and includes but is not limited to the patient's name, address, telephone number, marital status, substitute decision maker and health card number/version code.

Personal Health Information (PHI) - is identifying information with respect to an individual, whether living or deceased and includes:

- a. Information concerning the physical or mental health of the individual;
- b. Information concerning any health service provided to the individual, including the identification of the person that provided health care to the individual;
- c. Information concerning the donation by the individual of any body part or any bodily substance of the individual;
- d. Information derived from the testing or examination of a body part of bodily substance of the individual;
- e. Information that is collected in the course of providing health services to the individual, or
- f. Information this is collected incidentally to the provision of health services to the individual.

Professional Standards - An authoritative statement that sets out the legal and professional basis of practice. Professional Standards provide an overall framework for practice. Examples of health care providers with professional standards are: College of Nurses of Ontario, the Ontario College of Social Workers and Social Service Workers, and the College of Physicians and Surgeons of Ontario.

Records - for the purpose of this policy, refer to the original information or official file copies of a Thames Valley Family Health Team generated document, which may be in electronic or hardcopy format.

Statement of Disagreement - refers to a written statement prepared by a patient/substitute decision maker, which sets out the disputed entry the HIC refused to change. The statement of disagreement is placed on the patient's health record and, in the future, it is disclosed whenever the organization discloses information to which the statement relates.

Substitute Decision Makers (SDM) - with respect to correction requests, refer to individuals who act on behalf of a patient, whether that patient is incapable or capable.

APPENDIX A

Patient Requests for Correction/Amendment to Personal Health Information

1. General Procedures

- Patients, or their SDM, must **set out in writing** their correction request using the “Request to Correct/Amend Personal Health Information” form or in letter format.
- Patients/SDMs wishing to make changes to their basic patient demographic data (e.g., name, address, name of next of kin, health card version code, etc.) should be directed to their Physician’s Office (i.e., these procedures do not apply in this situation).
- SDMs can make correction requests on behalf of incapable and capable patients. SDMs follow the same procedures for making correction requests as patients.
- If a correction request is granted in part (only), it is necessary to refer to section [6. Refusing the Correction Request](#) as well as section [7. Granting the Correction Request](#) in order to ensure all parts of the correction request are dealt with appropriately.
- All activity related to the processing of a correction request must be documented in the patient’s health record.

Amendment/Correction requests related to PHI held within the EMR:

When facilitating (i.e., working as an agent of the accountable HIC) amendment/correction to PHI requests related to information held in the custody or control of a HIC partnering with TVFHT (e.g., information held in an EMR) the TVFHT employee will, within the scope of his/her role description:

- a) Comply with the available policies and procedures of the accountable custodian,
- b) In the event that such policies and procedures are unavailable, consult with the custodian’s privacy officer for direction, and
- c) If the accountable custodian’s privacy officer agrees, utilize the procedures and forms accompanying TVFHT’s policy to facilitate the request.

Thames Valley Family Health Team staff members will direct patient requests to the clinic’s designated person responsible for Amendment/Correction to PHI requests at the Clinic/FHO/Network under the following circumstances:

- a) When the person requesting access is not currently in the clinic attending a scheduled visit, or
- b) When the request is related to records authored by a student/resident or person no longer affiliated with the affiliated HIC.
- c) When the TVFHT employee is not the author of the record.

2. Upon Receipt of a Written Correction Request

- i. Stamp 'Received' on the request and record the date it was received on the request form.
- ii. Initiate the [Request for Correction/ Amendment to PHI Tracking Form](#) completed by patient.
- iii. Forward a copy of the Request for Correction/Amendment to PHI Tracking Form to the Privacy Officer or his/her delegate.
- iv. Upon receipt of the [Request for Correction/ Amendment to PHI Tracking Form](#), the Privacy Officer (or delegate) will ensure that the following steps are completed:
 - a. Ensure the correction request is dated, signed (in ink) and the requestor either shows or adequately describes why the record is incorrect or incomplete and also provides the correct information.
 - Follow up with the patient/SDM as required.
 - b. Verify the requestor's identity.
 - Log this activity using the [Request for Correction/Amendment to PHI Tracking Form](#) (create link) and describe by what means this was accomplished (e.g., reviewed driver's license, etc.).
 - Shred any photocopies of personal identification received for this purpose after completing the verification.
 - c. Where applicable, verify the SDMs authority to act on the patient's behalf – see the next section [3. Verifying SDMs Authority](#).
 - d. Send written confirmation (via Express Post) that the request was received and include the date the request was received by the privacy officer (or his/her delegate) – see [section 8. Sample Letter Acknowledging Receipt of a Correction Request](#).
 - e. Locate and retrieve the patient's health record.
 - Ensure the disputed record was created at TVFHT (If acting as an agent of another HIC partnering with TVFHT, ensure the disputed record was created by a person acting as an agent of the applicable HIC). If the record was created by another organization, see section [6. Refusing the Correction Request](#).
 - If the record cannot be located see section [4. Disputed Record Cannot Be Located](#).
 - f. Forward the request to the author of the disputed entry provided that the author is neither a student/resident and she/he is still affiliated with/works for TVFHT (If acting as an agent of another HIC partnering with TVFHT, forward the request to the author of the disputed entry provided that the author is neither a student/resident and she/he is still acting as an agent of the applicable HIC).
 - If the author is unavailable, or the patient/SDM requests that another person assess the record, forward the request to the most responsible

physician/midwife/dentist/psychologist/nurse practitioner (MRP) for their review.

- Forward the correction request to the attending physician if the author is a resident or student.
- g. Ensure the author/MRP understands that the TVFHT (or the applicable partnering HIC) must respond to the request within 30 days of its receipt. If an extension is required, see [section 5 Thirty-Day Rule and Extending the Time](#).
- h. If a correction request is refused and the patient/SDM submits a written Statement of Disagreement, see [section 6.1 Statement of Disagreement](#).

3. Verifying the Substitute Decision Maker's (SDM's) Authority

3.1 Capable Patient(s) 16 years and older

- Verify that the patient and their delegate are at least 16 years of age¹.
- Patients must provide written authorization (dated and signed) if another person is to act on their behalf. Verify the patient's signature.

3.2 Patients under 16 years of age (Children/Teenagers)

- For children under 16, the custodial parent, or lawful guardian (e.g., CAS if the child is a society or crown ward) is entitled to make a correction request with a few exceptions.
- The custodial parent or guardian cannot exercise this right if:
 - The disputed record relates to a treatment decision the patient made on their own, or;
 - Relates to counseling in which the child has participated on their own under the Child and Family Services Act.
- Consult with the Privacy Officer to assess whether the parent requesting the correction should provide proof that they have custody of the child.

3.2 Incapable (Adult) Patient(s)

- Obtain a copy of the document that proves the SDM is the patient's Power of Attorney (POA) for personal care or continuing POA for property, or;
- If no such document exists, verify the requestor's assertion re: their SDM status and the patient's incapacity by means of a review of the patient's health record, or;
- If the patient has not been seen by TVFHT or the applicable partnering HIC/clinic (if the TVFHT staff member is acting as agent for a partnering HIC) in some time, the SDM must provide a written statement that includes:
 - The name of the clinician and/or organization who determined that the patient was incapable.
 - The date of that determination.
 - A statement that the requestor is entitled to act as the patient's SDM.
 - The written statement must be dated and signed (in ink).

¹ PHIPA s. 23 (l) (i) [ii] stipulates that a capable patient who is at least 16 years of age, may authorize, in writing, a substitute decision-maker to make personal health information decisions on his or her behalf.

3.3 Deceased Patient(s)

- The 'Estate Trustee' must provide a copy of the 1st and last page of the Will (i.e., the page showing the name of the executor and the 'signature page'), or;
- If no Will exists, the court-appointed 'Estate Trustee Without a Will' must provide a copy of the certificate of appointment, or;
- If no Will exists and the Estate Trustee has not applied for a certificate of appointment or the requestor claims they are assuming responsibility for the administration of the deceased's estate, the requestor must provide a letter from a lawyer that supports this assertion.

4. Disputed Record Cannot Be Located

- Notify the patient/SDM in writing that the record does not exist or it cannot be found (via Express Post) and advise the patient/SDM of the Information and Privacy Commissioner's (IPC) complaint process.
- Ensure the following documents are placed on the patient's health record in the appropriate section:
 - Correction request (original).
 - Copy of final notice sent to the patient/SDM.
 - Copy of the document that provided proof of the SDMs authority to act on the patient's behalf (if applicable).

5. Thirty-Day Rule and Extending the Time

- Notify the patient/SDM in writing (via Express Post) if more than 30 days are required to respond to the correction request – see [section 9 Sample Letter re: Notice of Extension](#).
 - The notice must be sent within the first 30-day period it was received (by the Privacy Officer).
 - Explain why an extension is needed and when a response to the request will be provided.
 - The maximum extension is an additional 30 days (i.e., maximum response time is 60-days).
 - Failure to respond within the legislated time frame is regarded as a correction refusal – see [section 6 Refusing the Request for Correction](#).

6. Refusing the Request for Correction

- Patient/SDM correction requests can be refused on the following grounds:
 - Disputed entry is a professional opinion or observation made in good faith about a patient.
 - Disputed record was not created at TVFHT (If acting as agent on behalf of a partnering HIC, the disputed record was not created at the partnering HIC/clinic).
 - Insufficient knowledge, expertise or authority to make the correction (e.g., author is no longer with TVFHT or, if acting as an agent on behalf of a partnering HIC, is no longer with the HIC/clinic and the MRP does not have sufficient knowledge about the patient to make the requested change(s)).
 - Correction request is deemed "frivolous, vexatious, or made in bad faith".

- Patient/SDM has failed to demonstrate that the record is not correct or complete.
 - Patient/SDM has not provided the information needed to make the correction.
 - Failure to respond to a correction request within the legislated timeframe.
- Notify the patient/SDM (via Express Post) if the request is refused (in whole or part) – see [section 10 Sample Letter re: Correction Refusal](#).

The notice must inform the patient/SDM of their right:

- To prepare a brief (e.g., 1-page) Statement of Disagreement (SOD) that will be placed on the patient's health record; and,
 - To require the applicable HIC discloses the SOD in the future whenever the record it relates to is disclosed; and,
 - To require the applicable HIC to send copies of the SOD to any person who would have been notified if the correction request was granted (e.g., those originally cc'd on a transcribed note or a HIC with whom the information has previously been disclosed/shared); and,
 - To make a complaint about the refusal to the Ontario Information Privacy Commissioner (IPC).
- Ensure the following documents are placed on the patient's health record in the appropriate section:
 - Correction request (original).
 - Notice sent to the patient/SDM re: the correction refusal.
 - Copy of the document that demonstrated the SDMs authority to act on the patient's behalf (if applicable).

6.1 Statement of Disagreement

- If a patient/SDM submits a Statement of Disagreement (SOD) in response to a refused correction request, the original SOD must be placed on the patient's health record either in front of, or in close proximity to, the disputed record.
- If the disputed entry resides in the EMR, it is also necessary to record the existence of the SOD in the EMR as follows.
 - If the disputed entry is part of an electronic note in the EMR (e.g., Clinic Note) personnel responsible for processing correction/amendment requests shall add the following addendum to the bottom of the electronic note:

"As permitted under PHIPA, this patient has challenged the accuracy of some of the information in this Note. The Privacy Officer/Author of the Note /MRP has reviewed the patient's request to correct the information and has subsequently refused the request for the following reason/s: (add in the reason for refusal). As a result of the HIC's refusal to grant the correction request, the patient has submitted a Statement of Disagreement that has been added into to the patient's EMR (if the technology in use allows) or filed as hard copy in the patient's health record. This Statement is part of the patient's legal health record and must be disclosed whenever the original Note is disclosed. Please contact your physician/MRP or the Privacy Officer at your clinic to access this Statement."

- If the disputed entry is in another part of the EMR, the personnel responsible for processing correction/amendment requests shall post the following separate note referring to the State of Disagreement:

"As permitted under PHIPA, this patient has challenged the accuracy of some of the information in this health record. The Privacy Officer/Author of the Note /MRP has reviewed the patient's request to correct the information and has subsequently refused the request for the following reason/s: (add in the reason for refusal). As a result of the HIC's refusal to grant the correction request, the patient has submitted a Statement of Disagreement that has been added to the patient's EMR (if the technology in use allows) or filed as hard copy in the patient's health record. This Statement is part of the patient's legal health record and must be disclosed whenever the original record is disclosed. Please contact your physician/MRP or the Privacy Officer at your clinic to access this Statement."

7. Granting the Correction Request

- If a correction request is granted (in whole or part), ensure the correction is made to the paper record and/or in the EMR, if applicable.
- In the paper record, draw a single line through the incorrect information and note the new information. Do not obliterate the original entry. Date and sign the new entry.
- If the disputed entry is an electronic note, ensure the revised note is sent to those individuals who were originally copied on the note or have had copies of the note disclosed or shared with them for the purpose of health care delivery.
- Ensure the revised notes are placed on the patient's chart.
- Notify (via Express Post) the patient/SDM in writing that the correction was granted and outline the steps taken in response to the request.
- Ensure the following documents are placed on the patient's chart in the appropriate section:
 - Correction request (original).
 - Copy of final notice sent to patient/SDM.
 - Copy of document that demonstrated SDMs authority to act on the patient's behalf (if applicable).

8. Sample Letter Content Acknowledging Receipt of a Correction Request

This letter will confirm that on <date> we received your written request to amend information in your <or relationship to patient's> health record.

This will also confirm that I have all of the information our office requires to move forward with this correction request, which will be processed in accordance with the rules and time lines outlined in Ontario's Personal Health Information Protection Act (PHIPA).

I will let you know about the outcome of your correction request as soon as possible. In the meantime, should you have any questions, please feel free to contact me at <contact information>.

9. Sample Letter Content re: Notice of Extension

This letter is to provide you with written notice of the need for an extension with respect to your request for amendments to your <description of disputed entry>. An extension is required <outline reason for extension>.

In accordance with Ontario's privacy legislation, we will aim to respond to your request for changes to your health record as soon as possible and no later than <60 days after the original receipt of correction request>. Should you have any questions, do not hesitate to contact me at <contact info>.

10. Sample Letter Content re: Correction Refusal

Your request to correct your personal health information received <date> was reviewed by <name of author or most responsible physician><include clinic affiliation>.

<Author or MRP> declined to make the requested changes because <outline reasons for refusal>. According to the Personal Health Information Protection Act (PHIPA), the privacy legislation in Ontario, the TVFHT/Applicable Clinic is <...include sections from PHIPA that support this decision>.

You do however have the option of submitting a brief, written summary of the information you feel is incorrect. This written summary would be placed on your health record. Unless you tell us otherwise, we will forward a copy of your written summary to anyone who was originally copied on the <e.g., clinic note > and, in the future, we will disclose your written summary whenever the <e.g., clinic note> it relates to is disclosed.

Should you wish to add a written summary to your chart, please send the summary to me at the address below. If you have concerns regarding our decision to decline your request, you have the right to express these to Ontario's Information and Privacy Commissioner.

The Ontario Information and Privacy Commissioner can be reached at: (include contact information).

Should you have questions or require further clarification, do not hesitate to contact me at <contact information>.



Request to Correct/Amend Personal Health Information

The information on this form will be used to respond to your request for correction or amendment. Instructions for completing this form and other documents that are required for such requests are outlined below.

A. Patient Contact Information

Last Name		First Name		Initials	Health Card #
Address					
City / Province / Postal Code					
Telephone No. (daytime)		Telephone No. (evening)		* E-mail Address	
Date of Birth	Day	Month	Year		

B. Representative Information (Complete this section if you are acting on behalf of the patient)

Last Name		First Name		Initials	Relationship to Patient
Address					
City / Province/ Postal Code					
Telephone No. (daytime)		Telephone (evening)		* E-mail Address	

C. Specify the Change(s) Needed to Your Health Information and Reasons for the Changes

(If necessary, continue your description on a separate sheet of paper and attach it to this form).

What health information needs to be changed?	What changes do you want to make and why?

D. How do you wish to be contacted? In writing Telephone (daytime) Telephone (evening) * E-mail

* I consent to being contacted at this E-mail address. I understand that sending E-mail over the Internet is NOT secure, and that it can be intercepted, manipulated and / or retransmitted.

E. Your Signature

Signature	Date: (YYYY/MM/DD)
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Processed By: (For Office Use Only)

Printed Name:	Signature/Title:	Date: (YYYY/MM/DD)
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Place completed form on Patient's Health Record.



Instructions for Completing the Request to Correct/Amend Personal Health Information Form

Please Note: If you wish to change your contact information (e.g., address, postal code, date of birth, etc.) or the financial or insurance information in your health record including your health card version code, please contact your Physician's office. These changes can be made directly to your record without a written request.

Requests for changes to other information in your health record must be made in writing. A completed "*Request to Correct/Amend Personal Health Information*" form should be completed and given to any member of your health care team at Thames Valley Family Health Team.

Please be aware that Ontario law does not permit health care providers or health information custodians to **delete** information from a patient's health record, even if the information is determined to be incorrect or incomplete. Instead, incorrect information is labeled as being incorrect within a patient's health record and remains on your health record, as required by Ontario privacy legislation.

About this Request Form

- You will need to provide proof of your identity. Include along with your request a photocopy of a government-issued, identification (e.g., driver's license) that shows your signature.
- If you are making a request on behalf of another person, include proof that you can act on behalf of this person (i.e., attach a photocopy of legal document that shows you are this person's guardian or trustee or you have power of attorney).
- You will need to be as specific as possible in describing what records contain the information that you want corrected/amended, describing what is incorrect about the record, and what changes you want made (see Section C). Please be specific and attach any documents that support your request. If you require more space than the form provides, continue your description on a separate sheet of paper and submit it along with this request form.
- You should provide any other names that you/the patient may have used previously on the records you want amended/corrected.
- Use a pen to sign and date the request form.
- Give the completed request form to any member of your health care team at Thames Valley Family Health Team or mail your completed request to the following address:
 - Privacy Office at Thames Valley Family Health Team, 6-1385 North Rutledge Park, London ON N6H 5N5
 - Please ask any member of your health care team at Thames Valley Family Health Team or contact our Privacy Office at 519-473-0530, ext. 460, if you have any questions about this request form.



CORRECTION REQUEST TRACKING FORM (For Internal Use Only)

Correction Request received by Privacy Officer or delegate (indicate date):

Correction made

Correction not made

Refusal letter (with reasons) sent (include date): _____

Statement of Disagreement attached to record

Date of Response _____

1. List names, contact information and comments of any individuals consulted:

_____ Date: _____
_____ Date: _____

2. If correction was not made, provide reasons:

3. If an extension to the correction request response was required, please indicate:

Date of Extension	Reason for Extension	Date Patient/SDM notified of extension

4. Notice of correction provided to others to whom incorrect information was disclosed. List names:

5. Processed by:

Signature Name (print) Title