



ST. JOSEPH'S CARE GROUP

STATEMENT OF DISAGREEMENT

Place Patient Label with Barcode Here

Information And Instructions

We will correct health records information if it is demonstrated, to our satisfaction, 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. Part C is for our internal use. For information about our privacy practices, contact Vicki Polischuk, Manager, Health Records at (807) 343-2454 , fax (807) 345-4051; e-mail: polischv@tbh.net

Part A: Requestor Information

Client Contact Information

Last Name

First Name

Initials

Mailing Address

Telephone Number

Date of Birth

If you are a substitute decision-maker, your contact information: ***(Include copies of documents that provide your authority as a substitute decision-maker)***

Last Name

First Name

Initials

Mailing Address

Telephone Number

Part B: Correction Request

1. List or attach the correction requested, with reasons for the correction.

Requested Correction	Reason for Correction



SSTMTDISCORR

Place Patient Label with
Barcode Here

2. How do you wish to receive notice of Correction? Written Verbal
3. Would you like us to give you 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

Name (Print)

Title

Date

Part C: Correction request response (internal use only)

- Correction made
- Correction NOT made
- Refusal letter (with reasons) sent
- Statement of Disagreement attached to record
- Date of response (if client has requested verbal/written) _____

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

2. If correction was not made, provide reason:

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

Date of extension	Reason for extension	Date Client was Notified of Extension

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

List Names: _____

5. Processed by:

Signature: _____ Name and title (print) _____