



CPTBC

College of Physical Therapists
of British Columbia

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Physiotherapy and Your Privacy

Correcting Personal Information

If you believe your patient records with our office are inaccurate or incomplete, you (or your legally authorized representative) may ask us to correct the error or omission. Our privacy officer, _____ will explain the process.

Correction

To request a correction to your personal information, please complete the attached "Request to Correct or Amend Personal Information" form. If you need assistance, our privacy officer will help you complete the form.

Within 30 days of receiving your request, we will correct any information in your patient record that we have verified to be inaccurate or incomplete. Then we will send a copy of the corrected record to each organization to which the inaccurate or incomplete information was disclosed within the past year.

No Correction

If we decide that no correction is necessary, our clinic's privacy officer will explain our reasons. For example, we will not correct or change an opinion, including a professional or expert opinion. We will include your requested correction and our reason for not making it in your record.

If You Disagree

If you disagree and believe that a change should have been made, we will attempt to resolve the matter with you. If we cannot resolve the matter, we will explain how you can request assistance from the College of Physical Therapists of BC. If you are still unsatisfied, you may contact the Office of the Information and Privacy Commissioner for British Columbia.

This information is provided by your physiotherapist, the Physiotherapy Association of BC and the College of Physical Therapists of BC in cooperation with the BCMA and the Office of the Information and Privacy Commissioner for BC. 2004

Request to correct or amend personal information

The information you supply on this form will be used to respond to your request for a correction to your personal information or that of someone you are legally entitled to represent.

Whose information do you want to correct?

My own personal information Another person's personal information

Patient Information

Mr. Ms. Other (please select)

First Name:	Last Name:
Street Address:	City/Town:
Postal Code:	MSP Number:
Home/Cell Phone Number:	Business Phone Number:
Date of Birth:	Email Address:

Please describe, in as much detail as you can, the information you want corrected. Be sure to give the complete patient name that is in the records if it is different from the name given above. If you need more space, please attach a separate sheet of paper.

What correction or amendment do you want to make and why? Please attach any document that supports your request.

Patient's Signature Date (dd/mm/yy)

Corrections by authorized representative

I am the legally authorized representative of the patient named above and have attached proof of that representation. I hereby request a correction to the patient's personal records on his or her behalf.

Authorized representative's contact information

Mr. Ms. Other (please select)

First Name:	Last Name:
Street Address:	City/Town:
Postal Code:	Email Address:
Home/Cell Phone Number:	Business Phone Number:

Authorized Representative's Signature Date (DD/MM/YY)