



**Ontario  
Health**

## **Electronic Health Record Request for Correction to Personal Health Information Policy and Procedures**

<b>Policy Level Approval:</b>	Chief Executive Officer
<b>Policy Category:</b>	Corporate Policy
<b>Policy Number:</b>	INF-008.01-PP
<b>Sensitivity Level:</b>	Public
<b>Policy Sponsor (or Sponsors):</b>	Chief Privacy Officer
<b>Original Date of Approval:</b>	September 30, 2020
<b>Date of Posting:</b> This Policy is effective on the date of its posting or as otherwise noted in the Policy	March 15, 2022
<b>Version Approval Date:</b>	November 11, 2011
<b>Next Scheduled Year Review (MM/YY):</b>	09/24

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# 1 Purpose, Objectives and Scope

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## 1.1 Purpose

- 1.1.1 This policy and procedures outline Ontario Health's (**OH**) practices for facilitating a response to correction requests made by an Individual or that Individual's Substitute Decision-Maker (**SDM**) to a Health Information Custodian (**HIC**) under Part V of the *Personal Health Information Protection Act, 2004* (**PHIPA**), in respect of the Individual's record of personal health information (**PHI**) that is accessible by means of the electronic health record (**EHR**).

## 1.2 Objectives

To enable OH as a Prescribed Organization to:

- Meet its obligations under the PHIPA and associated regulations;
- Meet its obligations under the Information and Privacy Commissioner of Ontario (**IPC**) *Manual for the Review and Approval of Prescribed Organizations*; and
- Protect the privacy of Individuals and the confidentiality of their PHI.

## 1.3 Scope

- 1.3.1 This Policy applies to: non-union Employees, people leaders, board members, unionized employees, secondees, consultants, and individuals acting on behalf of OH (**OH Agents**) and HICs who provide PHI to OH for the purposes of developing and maintain the EHR.
- 1.3.2 This Policy applies to correction requests related to PHI that is accessible by means of the EHR that is developed and maintained by OH as a Prescribed Organization pursuant to Ontario Regulation 329/04 (**O. Reg. 329/04**). The *EHR Plain Language Description and List of EHR Repositories* is available on the [OH Privacy Website](#). Where a correction request is related to PHI that is not accessible by means of the EHR, the Individual or SDM may be directed to contact the HIC(s) with custody or control of the record(s) or their PHIPA Agent.
- 1.3.3 The EHR contains the following:
- Acute and Community Care Clinical Data Repository (**acCDR**);
  - Primary Care Clinical Data Repository (**pcCDR**);
  - Diagnostic Imaging Common Services Repository (**DI CS**);
  - Digital Health Drug Repository (**DHDR**);
  - Ontario Laboratories Information System (**OLIS**); and
  - Provincial Client Registry (**PCR**).

## 1.4 Compliance and Enforcement

- 1.4.1 Compliance with this Policy in its entirety is mandatory unless an exception to a specific section is approved by OH's Chief Privacy Officer (**CPO**) or delegate in writing. Failure to

comply with the requirements of this Policy may result in disciplinary action up to and including revocation of appointment, termination of employment or termination of contract without notice or compensation.

- 1.4.2 At the first reasonable opportunity upon identifying or becoming aware of a breach of this Policy, employee(s), other OH Agents as well as HICs must notify the OH Privacy Office by reporting the breach to Enterprise Service Desk Phone: 1-866-250-1554; or Email: [servicedesk@ontariohealth.ca](mailto:servicedesk@ontariohealth.ca).
- 1.4.3 At the first reasonable opportunity upon identifying or becoming aware of a breach of this Policy, Employee(s) or other OH Agents must notify the Privacy Office.
- 1.4.4 Breaches of this Policy will be managed in accordance with the *Privacy Incident Management Policy and Procedure* and *EHR Privacy Incident Management Policy and Procedure*.

## 1.5 Terminology

- 1.5.1 The words “include” and “including” when used are not intended to be exclusive and mean, respectively, “include, without limitation,” and “including, but not limited to”.
- 1.5.2 Words and terms in this Policy that have meanings differing from the commonly accepted definitions are capitalized and their meanings are set out in the Definition and Acronyms section (Section 5).

## 2 Policy

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### 2.1 Approval of Policy by Minister of Health

- 2.1.1 In accordance with s. 55.3 (18) of PHIPA, this policy and procedures must be approved by the Minister of Health (**Minister**).
- 2.1.2 The Minister’s delegate has provided written confirmation to OH indicating the Minister’s approval of this Policy and procedures as of September 23, 2021.

### 2.2 Right to Request Correction to PHI

- 2.2.1 If a HIC has granted access to a record of PHI and if the Individual believes that the record of PHI is inaccurate or incomplete with respect to the purposes for which the HIC uses the information or has used the information, the Individual has a right to:
  - Request that the HIC correct the PHI;
  - Receive a written notice/decision from the HIC within the timeframe under PHIPA;
  - Request a written notice of the requested correction, to the extent reasonably possible, be sent to those to whom the HIC disclosed the information, except if it will have no effect on the provision of health care or other benefits to the Individual;
  - Require the HIC to attach a statement of disagreement to the information if the requested correction was not made and to disclose the statement of disagreement whenever the HIC discloses the information at issue; and

- File a complaint with the IPC if the Individual is unsatisfied with the outcome of a request for correction.

## 2.3 OH's role as a PHIPA Agent

- 2.3.1 Acting as a PHIPA Agent to the HICs that provide PHI to OH as a Prescribed Organization, OH may facilitate a response to correction requests. Facilitating includes: receiving correction requests, collecting relevant documentation required to identify the records, forwarding relevant documentation to the HIC that provided the PHI to OH to further process and respond to the request, and providing procedural information to the Individual or SDM making the correction request.
- 2.3.2 OH is not authorized to provide guidance or advice to HICs, Individuals, or SDMs or assume any responsibility for determining the legal authority of the Individual or SDM to make the request or for making decisions about whether the record will be corrected. In accordance with PHIPA, these obligations rest solely with the HIC that has custody or control of the record.

## 2.4 Notice to the Public

- 2.4.1 OH provides the public with information about the right of Individuals to request correction of their records of PHI that are accessible by means of the EHR. This Policy is made available to the public on the [OH Privacy Website](#). Individuals may also contact OH's Privacy Office by telephone, mail or email to obtain information about this Policy and OH's practices related to facilitating correction requests.
- 2.4.2 Instructions for making a correction request, including the required documentation and the title, mailing address and contact information for the employee(s) or other person(s) acting on behalf of OH to whom the documentation must be provided is noted on the *Electronic Health Record Request for Access and Correction to Personal Health Information Form*. This form is available on the [OH Privacy Website](#).

## 2.5 Re-direction of correction requests to HICs

- 2.5.1 OH does not intake correction requests related to OLIS, DHDR or pcCDR. Upon receipt of a correction request related to one of these repositories, OH provides the relevant HIC(s) and/or their agent with the correction request documentation as follows:
- Correction request related to laboratory test information in OLIS must be directed to the Access and Privacy Office of the Ministry of Health;
  - Correction request related to drug and pharmacy service in the DHDR must be directed to ServiceOntario;
  - Correction request related to pcCDR must be directed to the ClinicalConnect Program Office.
- 2.5.2 Correction requests related to PCR, DI-CS and acCDR will be processed in accordance with section 3 of this Policy.

## 2.6 Corrections to PHI in the EHR

- 2.6.1 As a Prescribed Organization, OH does not make any corrections to PHI in the EHR, however, as a PHIPA Agent to the HIC that provided the PHI to the EHR and at the direction of the HIC, OH may:
- Attach a statement of disagreement to the Individual's record in accordance with the instructions provided by the HIC and applicable agreement(s); and/or
  - Assist or facilitate the HIC in replacing records of PHI in the EHR, in accordance with applicable law and agreement(s).

## 2.7 Response obligations of the HIC that provided PHI to OH under PHIPA

- 2.7.1 Upon receipt of correction request documentation from OH or directly from the Individual or SDM, the HIC must comply with their obligations under Part V of PHIPA, including the following:
- Confirm the legal authority of the Individual or SDM who submitted the request in accordance with sections 23-26 of PHIPA;
  - Respond to the Individual or SDM within 30 calendar days of receiving the correction request under PHIPA. However, the custodian may extend this time limit for a further period of not more than 30 calendar days if the requirements set out in section 54(3) and (4) of PHIPA are satisfied; and
  - Comply with annual reporting obligations to the IPC.

## 2.8 Tracking and logging of correction requests

- 2.8.1 OH maintains a log of correction requests that relate to its responsibilities as a PHIPA Agent for HICs in facilitating a response to a request. Refer to "*Appendix A: Log of Access and Correction Requests*" for details that are captured in the log. Members of the OH Privacy Office team are responsible for updating and maintaining the log.

## 2.9 Retention of correction request documentation

- 2.9.1 OH's Privacy Office Team retains relevant correction request documentation within the privacy secured drive, in accordance with the *EHR Retention Policy*.

# 3 Procedures

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## 3.1 Correction request made directly to a HIC for PHI provided by one or more other HICs (DI-CS and acCDR)

- 3.1.1 Where a HIC receives a correction request from an Individual or SDM for PHI provided to the EHR by one or more other HICs, the HIC receiving the request must at the first reasonable opportunity and no later than three (3) business days direct the Individual or SDM to make the correction request to OH directly using the *EHR Request for Access and Correction to Personal Health Information Form*.

3.1.2 Upon receipt, OH will process the correction request in accordance with section 3.2 of this Policy.

### **3.2 Request for correction made to OH regarding PHI provided by one or more HIC (DI-CS and acCDR)**

3.2.1 Upon receipt of the correction request from the individual or SDM, a member of the OH Privacy Office Team:

- Ensures relevant correction request documentation is complete and seeks clarification, as required from the Individual or SDM submitting the request;
- Initiates tracking and logging of the correction request (see *Appendix A: Log of Access and Correction Requests*);
- Ensures relevant correction related documentation is retained in a secure manner, as applicable;
- Locates and retrieves the responsive records in the EHR;
- Within seven (7) calendar days, forwards the encrypted record(s) along with the correction request documentation to each relevant HIC for response in accordance with Part V of PHIPA; and
- Within seven (7) calendar days of receipt, provides notification to the Individual or SDM using their preferred format and manner of communication acknowledging the receipt, notifies the individual that OH is facilitating the request by identifying the HIC(s) that provided the PHI to OH, and stating that the request has been forwarded to the applicable HIC(s) for response under PHIPA.

3.2.2 Upon receipt of notification from OH, the applicable HIC must:

- Respond to the Individual or SDM in accordance with the provisions of Part V of PHIPA; and
- Instruct OH if any corrections to PHI in the EHR are required in accordance with the terms and conditions of the applicable agreement(s).

### **3.3 Request for correction made to OH regarding PHI contained in pcCDR**

3.3.1 Upon receipt of the correction request from the Individual or SDM, a member of the OH Privacy Office Team:

- Initiates tracking and logging of the correction request (see *Appendix A: Log of Access and Correction Requests*);
- Ensures relevant correction related documentation is retained in a secure manner, as applicable; and
- Within seven (7) calendar days of receipt, provides notification to the Individual or SDM using their preferred format and manner of communication to inform them that their correction request must be redirected to the Clinical Connect Program Office, and ensures that the Individual or SDM is provided with the contact information for the following:

[ClinicalConnect Program Office](#),  
Telephone: (905) 577-8270 Ext. 9,  
E-mail: [privacy@clinicalconnect.ca](mailto:privacy@clinicalconnect.ca).

### 3.4 Request for correction made to OH regarding PHI provided by the Ministry of Health (DHDR and OLIS)

3.4.1 Upon receipt of a request from an Individual or SDM, a member of the OH Privacy Office Team:

- **For DHDR:** Redirects the Individual or SDM to contact ServiceOntario and provides the following contact information:

ServiceOntario INFO line

Telephone: Monday to Friday 8:30 am-5:30 pm 1-800-291-1405

- **For OLIS:** Redirects the Individual or SDM to contact the Access and Privacy Office of the Ministry of Health, and provides the following contact information:

Freedom of Information & Privacy Coordinator, Access and Privacy Office  
Ministry of Health,

99 Adesso Drive, 1st floor Concord, ON, L4K 3C7

Telephone: (416) 327-7040, E-mail: [generalapo@ontario.ca](mailto:generalapo@ontario.ca)

3.4.2 Upon receipt of the correction request from the Individual or SDM, the Ministry of Health will respond to the request. Note: for OLIS, the Ministry redirects the Individual or SDM to the HIC who provided the PHI to the MOH.

### 3.5 Request for correction made to OH regarding PCR

3.5.1 Upon receipt of a correction request from the Individual or SDM, a member of the OH Privacy Office Team:

- Initiates tracking and logging of the correction request (see *Appendix A: Log of Access and Correction Requests*);
- Ensures relevant correction related documentation is retained in a secure manner, as applicable;
- Identifies the applicable HIC by contacting the OH Data Management Team; and
- Within seven (7) calendar days of receipt, provides notification to the Individual or SDM using their preferred format and manner of communication acknowledging the receipt, notifies the Individual or SDM that OH is facilitating the request by identifying the HIC(s) that provided the PHI to OH, and redirects the Individual or SDM to the applicable HIC(s) for response under PHIPA.

3.5.2 Upon receipt of notification from OH, the applicable HIC must:

- Take steps to satisfy itself of the legal authority of the Individual or SDM in accordance with sections 23-26 of PHIPA; and

- Respond to the Individual or SDM in accordance with the provisions of Part V of PHIPA.

## 4 Responsibilities

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### 4.1 Privacy Office

- 4.1.1 Authoring and maintaining this Policy.
- 4.1.2 Facilitating correction requests as per this Policy.
- 4.1.3 Documenting correction requests in the Log of Access and Correction Requests.

### 4.2 Employees and other OH Agents

- 4.2.1 Notifying the Privacy Office at the first reasonable opportunity upon receipt of a correction request related to the EHR.

### 4.3 HICs who provide PHI to OH

- 4.3.1 Notifying and cooperating with OH upon receipt of correction requests related to the EHR as per this Policy.
- 4.3.2 Responding to correction requests in compliance with PHIPA, and in accordance with this Policy.

## 5 Definitions and Acronyms

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Defined terms are capitalized throughout this document.

Term / Acronym	Definition
acCDR	Acute and Community Clinical Data Repository
CDR	Clinical Data Repository
Collect	Has the meaning set out in section 2 of PHIPA with respect to PHI; and in respect of PI has the same meaning.  “Collect” means to gather, acquire, receive, or obtain the information by any means from any source, and “Collection” and “Collected” has a corresponding meaning.
CPO	Chief Privacy Officer
DI-CS	Diagnostic Imaging Common Service repository

Term / Acronym	Definition
<b>Disclose</b>	Has the meaning set out in s. 2 of PHIPA with respect to PHI in the control of a HIC or a person; and in respect of PI has the same meaning.  “Disclose” means to make the information available or to release it to another HIC or to another person, but does not include to Use the information, and “Disclosure” has a corresponding meaning.
<b>EHR or Electronic Health Record</b>	Has the meaning set out in s. 55.1 of PHIPA and generally means the electronic systems that are developed and maintained by OH pursuant to Part V.1 of PHIPA for the purpose of enabling HICs to Collect, Use and Disclose PHI by means of the systems.
<b>Employee</b>	A person employed and compensated by OH as an Employee, and is classified as either permanent full-time, permanent part-time, temporary full-time, temporary part-time, paid student or casual, as set out in the <i>Employee Classification Guideline</i> . A consultant or contractor is not an Employee.
<b>HIC or Health Information Custodian</b>	Has the meaning set out in s. 3 of PHIPA and generally means a person or organization that has custody or control of personal health information for the purpose of health care or other health-related duties. Examples include physicians, hospitals, pharmacies, laboratories and the MOH.
<b>Individual</b>	Has the meaning set out in section 2 of PHIPA with respect to PHI; and in respect of PI has the same meaning.  “Individual” means the individual, whether living or deceased, with respect to whom the information was or is being collected or created.
<b>IPC</b>	Information and Privacy Commissioner of Ontario
<b>Minister</b>	Minister of Health
<b>MOH</b>	Ontario Ministry of Health
<b>O. Reg. 329/04</b>	Ontario Regulation 329/04 made under PHIPA
<b>OH</b>	Ontario Health, the agency of the Government of Ontario to which this Policy applies.
<b>OH Agent</b>	A person that acts for or on behalf of OH for the purposes of OH, and not for the Agent’s own purposes, whether or not the Agent has the authority to bind OH, whether or not the Agent is employed by OH, and whether or not the Agent is being remunerated.
<b>OLIS</b>	Ontario Laboratory Information System
<b>pcCDR</b>	Primary Care Clinical Data Repository

Term / Acronym	Definition
<p><b>PHI or Personal Health Information</b></p>	<p>Has the meaning set out in section 4 of PHIPA. Specifically, it is “identifying information” about an individual that:</p> <ul style="list-style-type: none"> <li>• Relates to the physical or mental health of the individual; relates to the provision of health care to the individual;</li> <li>• Is a plan of service under the <i>Home Care and Community Services Act, 1994</i>;</li> <li>• Relates to payments or eligibility for health care or eligibility for coverage for health care;</li> <li>• Relates to the donation of any body part or bodily substance of the individual or that is derived from the testing or examination of any such body part or bodily substance;</li> <li>• Is the individual’s health number; and/or</li> <li>• Identifies an individual’s substitute decision-maker.</li> </ul> <p>PHI also includes identifying information about an individual that is not PHI listed above but that is contained in a record that includes PHI listed above.</p> <p>Information is “identifying” when it identifies an individual or when it is reasonably foreseeable in the circumstances that it could be utilized, either alone or with other information, to identify the individual.</p>
<p><b>PHIPA or <i>Personal Health Information Protection Act, 2004</i></b></p>	<p>The Ontario health privacy law. It establishes rules for the management of PHI and the protection of the confidentiality of that information, while facilitating the effective delivery of healthcare services. References to PHIPA include the regulation made thereunder, as may be amended or replaced from time to time.</p>
<p><b>PHIPA Agent</b></p>	<p>In relation to a HIC, means a person that, with the authorization of the HIC, acts for or on behalf of the custodian in respect of PHI for the purposes of the HIC, and not the agent’s own purposes, whether or not the agent has the authority to bind the HIC, whether or not the agent is employed by the HIC and whether or not the agent is being remunerated.</p>
<p><b>Prescribed Organization or PO</b></p>	<p>The organization prescribed in Ontario Regulation 329/04 as the organization for the purposes of Part V.1 of PHIPA. The Prescribed Organization has the power and the duty to develop and maintain the EHR in accordance with Part V.1 of PHIPA and the regulations made thereunder.</p>
<p><b>Privacy Incident</b></p>	<p>A real or suspected Privacy Breach.</p>

Term / Acronym	Definition
<b>Privacy Breach</b>	<p>An event or series of events where one or more of the following occurs:</p> <ul style="list-style-type: none"> <li>• Collection, Use or Disclosure of PHI or PI not in compliance with PHIPA or its regulation, or with FIPPA or its regulations (i.e. without legal authority);</li> <li>• There is a contravention of OH’s privacy policies, procedures or practices;</li> <li>• There is a contravention of data sharing agreements, research agreements, confidentiality agreements or agreements with third party service providers retained by OH, including written acknowledgements acknowledging and agreeing not to use PHI or PI which has been de-identified and/or aggregated, to identify an individual; or</li> <li>• Where PI or PHI is stolen, lost or subject to unauthorized Collection, Use or Disclosure or where records of PHI or PI are subject to unauthorized copying, modification or disposal.</li> </ul>
<b>SDM or Substitute Decision Maker</b>	<p>Has the meaning set out in s. 5 of PHIPA and in relation to an individual, means, unless the context requires otherwise, a person who is authorized under PHIPA to consent on behalf of the individual to the collection, use or disclosure of PHI about the individual.</p>
<b>Use</b>	<p>In relation to PHI or PI in the custody or under the control of a HIC or a person, “Use” means to view, handle or otherwise deal with the information, but does not include to Disclose the information, and “Use”, as a noun, has a corresponding meaning. For the purposes of PHIPA, the providing of PHI between a HIC and an agent of the HIC is a Use by the HIC, and not a Disclosure by the person providing the information or a Collection by the person to whom the information is provided.</p>

## 6 Review Cycle

This Policy is to be reviewed at least within 3 years of its effective date or earlier if required in accordance with the *Privacy Audit and Compliance Policy*,

## 7 References and/or Key Implementation Documents

- Personal Health Information Protection Act, 2004; Ontario Regulation, 329/04
- Manual for the Review and Approval of Prescribed Organizations
- EHR Plain Language Description and List of EHR Repositories
- Privacy Audit and Compliance Policy
- Privacy Incident Management Policy and Procedure and EHR Privacy Incident Management Policy and Procedure
- Electronic Health Record Request for Access and Correction to Personal Health Information Form

## 8 Appendices

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- *Appendix A: Log of Access and Correction Requests*

## 9 Policy Consultations

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The following were consulted in the development of this Policy:

- Staff from the Privacy Office and other OH Agents responsible for drafting, maintaining and/or reviewing the privacy policies in reference to OH's privacy requirements.
- Working Group members of the Privacy Program Advisory Committee
- Information and Privacy Commissioner of Ontario
- Ministry of Health

## 10 Policy Review History

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Date of Review MM/YYYY	Itemize section changed and description of change (if no changes made, indicate N/A	New policy number	Date of Approval DD/MM/YYYY	Approver

## 11 Policy Repeal

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- 1) Date of Repeal:
- 2) Reason for Repeal:
- 3) Date of Approval of Repeal:
- 4) Approver:

## Appendix A - Log of Access and Correction Requests

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**Note:** This log maintained by OH's Privacy Office contains information that relate to the OH's responsibilities as a *PHIPA* Agent for the HIC that contribute PHI to the EHR, in facilitating a response to an access or correction request.

Where the OH responds to or facilitates a response to a request for access or correction received, the log includes the following, to the extent that they are known to OH:

- The date the request was received;
- The name and contact information for the individual to whom the information relates;
- The type of request (i.e., access or correction);
- A description of the request;
- A description of the PHI that is the subject of the request;
- The Employee(s) or other person(s) that received and reviewed the request;
- The names of any member of the College of Physicians and Surgeons of Ontario or member of the College of Psychologists of Ontario who were consulted regarding whether granting access could reasonably be expected to result in a risk of serious bodily harm to the treatment or recovery of the individual or risk of serious bodily harm to the individual or another person;
- If the time limit for responding was extended, the reason for the extension, and the length of the extension;
- If a request was made for expedited access, whether the request was granted;
- The HIC's employee(s) or agent for deciding whether to grant the request, if applicable;
- The decision that was made (granted, granted in part, or refused)
- The reason for the refusal, where applicable;
- The person responsible for communicating the decision to the individual;
- The date the decision was communicated to the individual;
- Where a decision was made to grant the request, the person responsible for implementing the decision;
- The date the decision was implemented;
- The amount of fees charged to respond to the request, if any;
- Where a statement of disagreement is attached, the employee(s) or other person(s) acting on behalf of OH responsible for receiving and attaching the statement of disagreement;
- The date the statement of disagreement was attached;
- The employee(s) or other person(s) acting on behalf of OH responsible for notifying others about a correction or a statement of disagreement;
- The date others were notified about a correction or a statement of disagreement;

- The name and contact information for the HIC to whom the request was made; and
- A description of each decision that was made or action that was taken by OH in responding to or facilitating the response.