Yukon
Health and Social Services

Form 19
MENTAL HEALTH ACT
Section 43(7)(a)

REQUEST FOR CORRECTION OF THE CLINICAL RECORD

I N S T R U C T I O N S

This form is to be completed by a person who believes there is an error in his/her clinical record. Copies of this form must be provided to the:

- ☐ Chief Executive Officer, Whitehorse General Hospital; and
- ☐ physician.

IN THE MATTER OF the *Mental Health Act*

AND IN THE MATTER OF _____.
Name of applicant

It is my opinion that the following portions of my clinical record are incorrect

_____

_____

_____

_____

_____

I believe the correct facts to be _____

_____

_____

_____

_____

_____

I therefore request that my clinical record be corrected.

DATED at _____,

this_____ day of_____ , _____.
month year

_____
SIGNATURE OF APPLICANT

_____
PRINTED NAME OF APPLICANT