

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

This form is to be completed by the person who is in disagreement with the facts stated in their clinical record. It is to be attached to the person's clinical record.

Copies of this form must be provided to the:

- Chief Executive Officer, Whitehorse General Hospital;
- physician; and
- anyone who has received copies of the clinical record in the past year.

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 file are incorrect

Please specify incorrect portions

My opinion is that the correct facts are as follows _____

DATED at _____,
this _____ day of _____, _____
month year

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT