Data Correction Request (Additional Information) - AHNH

Name of Hospital Authority (HA) Institution from which Medical Records are required :

❑ Tai Po Hospital ❑ Northern District Hospital ❑ Prince of Wales Hospital

❑ Other (Please specify) _____

DETAILS OF INACCURACIES CLAIMED

(Please specify clearly and in detail the inaccuracies claimed and on which medical records the inaccuracies are found. Please provide information on separate sheets if the provided space is insufficient)

Medical Record Type	Date	Details of Inaccuracies	Copy Available?
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No

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			❑ Yes ❑ No
			❑ Yes ❑ No
			❑ Yes ❑ No