[Your Name]  
[Address 1]  
[Suburb, WA Postcode]

Date: [Insert Date]

Freedom of Information Officer / Privacy Officer / Practice Manager

[Health Service eg hospital, clinic, doctor]

[Address]

Email: [Insert Email]

Dear Information Officer/Practice Manager,

**CORRECTION TO HEALTH INFORMATION**

**Patient Full Name - DOB: [Insert Date of Birth]**

I am writing to request a correction to my medical records. Please find attached a copy of my photo identification.

The information I believe is incorrect is as follows:

* **List where item can be found:**
  + Page number: [Insert Page Number]
  + Name of document: [Insert Document Name]
  + Where on the document the information is: [Insert Location]
  + What is incorrect: [Insert Incorrect Information]

The reason I believe this information to be incorrect is [explain the reason you believe the information to be incorrect. For example: inaccurate, out of date, incomplete, irrelevant, or misleading].

I request that this information be corrected to [list what you believe is the correct information].

Please let me know the outcome of this request within 30 days. If you refuse to correct the above information, please let me know the reasons for the refusal and how I can complain about the refusal.

Further, if you refuse to correct the above information, please retain a copy of this letter in a prominent location on both my physical medical records and my electronic records, noting my objection.

I can be contacted on [insert phone number] or email [insert email address] if you wish to discuss this request.

Yours sincerely,

**[Your Name]**

*Don’t forget to attach your ID to the letter*