How do I request a correction to my health record under PHIPA

What should my written note to the urologist say exactly

How can I ensure the imaging department adds my Credé history

What if my urologist refuses to update my medical chart

How does a long-standing Credé maneuver affect bladder pressure

Under Ontario's PHIPA, you request a correction in writing from the hospital, clinic, or imaging department that holds the record. They generally must respond within 30 days. They add an addendum; they do not erase the original note. [1] [2] [3]

How to request the correction

1. Get the record first if you do not already have it. Ask Health Records or the clinic's privacy office for the urology note and the ultrasound report, including the measured residual volume.
2. Send a dated written request to the custodian that created the record. For a hospital ultrasound, that is usually Health Information Management, not the technologist. For the clinic visit, send it to the urologist's office and copy the hospital privacy office if the visit was hospital-based.
3. State that you are requesting a correction under PHIPA because the record is incomplete for clinical use. Quote the sentence you want added. Attach the page or report you are referring to.
4. Ask for written confirmation that the addendum is in the chart and will be sent to anyone who already received the incomplete report.
5. If they refuse, ask immediately for a statement of disagreement to be attached to the record and disclosed with it. You can then complain to the Information and Privacy Commissioner of Ontario at ipc.on.ca or 1-800-387-0073. [3] [4]

A refusal is allowed if they reasonably believe the entry is a professional opinion made in good faith, or if they did not create the record and lack the information to correct it. An omitted fact you reported is not the same as a disputed diagnosis, so ask for an addendum of patient-reported history rather than a rewrite of their conclusion. [4] [1]

Note to the urologist

Use this:

> I am requesting a correction to my health record under the Personal Health Information Protection Act. My record is incomplete for the purpose of assessing bladder emptying.
> On [date of visit], I told you that I have used the Credé maneuver for many years to express urine, including during the years I also used intermittent catheterization. This history is not in the note I received.
> On [ultrasound date], the technologists waited about 15 minutes while I used abdominal pressure to express urine before the residual volume was measured. That volume was not measured after a spontaneous void. I also described the long-standing Credé maneuver to the technologists. This is not recorded on the imaging report.
> Please add this addendum to the clinic note and ask the imaging department to add the same addendum to the ultrasound report:
> "Patient reports long-standing use of the Credé maneuver. The residual urine volume on [date] was measured after approximately 15 minutes of abdominal expression, not after a spontaneous void. The patient also reports difficulty with intermittent catheterization, with the catheter catching and causing bleeding about two-thirds of the way to the bladder."
> Please confirm in writing that this addendum has been filed and forwarded to any provider who received the original report. If you decline to correct the record, please file my statement of disagreement with the record and provide your reasons in writing.

Send it by the clinic's patient portal, email if they use one for records, or registered mail. Keep a copy and the delivery receipt.

Imaging department

Send a separate copy to the hospital's Health Records or Privacy Office, addressed to the imaging department, with the ultrasound accession or report number if you have it. Technologists usually cannot edit a finalized report themselves. The privacy office or the reporting radiologist adds an addendum.

Ask for this exact line on the report:

> "Addendum: Patient states residual volume was obtained after approximately 15 minutes of Credé abdominal expression, not after spontaneous voiding. Patient reports this history was given to the technologists at the time of the scan."

Ask them to send the amended report to the ordering urologist. If the hospital says the technologists do not recall the conversation, that is a reason to attach your statement, not a reason the fact disappears. Your written account still belongs with the record as a statement of disagreement if they will not adopt it as fact.[1] [4]

If the urologist refuses

A refusal does not end it.

- Require the written refusal and the statement of disagreement. The statement should travel with future copies of that note.[4]
- Ask the office to file your one-page history as incoming correspondence in the chart even if they will not alter the original note.
- Take that page, plus the ultrasound report, to the next urology visit or to a second opinion. Say you want urodynamics and a residual measured after a spontaneous attempt only.
- If the refusal leaves a clinically misleading record and they will not attach your statement, complain to the IPC. The IPC can review whether the custodian met the correction duty. It cannot order a doctor to change a genuine clinical opinion into your preferred diagnosis.[3] [4]
- If you believe the omission affected unsafe care, you can also contact the hospital patient-relations office. That is separate from the privacy correction.

Credé and bladder pressure

Credé presses the abdominal wall so outside pressure, not a normal bladder contraction, pushes urine out. That pressure is transmitted to the bladder. It can empty some urine while still leaving a residual, and it can push urine backward toward the kidneys or along the reproductive tract when bladder pressure is high.

That is why a residual taken after 15 minutes of Credé cannot be read as safe emptying. The number may look better than your true spontaneous residual, while the pressure used to produce it may be the harmful part. Studies of neurogenic bladder have linked straining or Valsalva-type emptying with reflux, and they treat high-pressure, low-compliance storage as the problem that has to be corrected. Clean intermittent catheterization is used to empty at low pressure instead.[5]

Your catching, bleeding catheterizations are a separate urgent issue. If you cannot pass a catheter and cannot empty, go to emergency rather than substituting another long Credé session.



1. https://www.camh.ca/-/media/files/request-for-correction-infosheet-pdf.pdf
2. https://www.ottawahospital.on.ca/sites/default/files/2025-11/personal-health-record.pdf
3. https://media-www.sheridancollege.ca/-/media/project/sheridan/shared/files/about/administration-and-governance/policies-and-accountability/office-of-legal-counsel/written-policy-statement--phipa--final3.pdf?rev=6c18124b2e674ce99199f100fb8474dc
4. https://katedewhirst.com/blog/2018/01/14/health-privacy-update-4-new-health-privacy-decisions-of-the-ipc-released/
5. https://pubmed.ncbi.nlm.nih.gov/2072609/
6. https://norma.lexum.com/ipc-cipvp/phipa/en/item/522260/index.do

7. https://norma.lexum.com/ipc-cipvp/phipa/en/521664/1/document.do
8. https://norma.lexum.com/ipc-cipvp/phipa/en/item/233088/index.do
9. https://norma.lexum.com/ipc-cipvp/phipa/en/522252/1/document.do
10. https://www.mariamiddelares.be/en/our-care-services/conditions-and-diseases/vesicoureteral-reflux
11. https://deflux.com/vur-vesicoureteral-treatment/what-is-vur-vesicoureteral-reflux
12. https://abdominalkey.com/vesicoureteral-reflux-5/
13. https://mymerci.kr/pages/nclex_q.php?qn_id=180434
14. https://www.ipc.on.ca/en/resources-and-decisions/notice-change-phipa-practice-direction-3
15. https://www.ipc.on.ca/en/resources-and-decisions/applying-phipa-and-fippa-personal-health-information-guide-hospitals
16. https://www.ipc.on.ca/en/media/3067/download?attachment
17. https://pubmed.ncbi.nlm.nih.gov/705984/