

1 Give your personal information

Last name: _____

First name: _____ Middle name: _____

Previous surname, if applicable: _____ Date of birth (yyyy/mm/dd): _____

Mailing address: _____

_____ Postal code: _____

Daytime phone number: _____ Provincial health card number: _____

2 Describe the personal health information you are seeking to correct

What is your reason for seeking the correction?

 information is not accurate information is not complete information is not up-to-date

Give the date of the record: (yyyy/mm/dd) _____

Describe the personal health record in as much detail as possible: _____

Attach the relevant portion of the specific record, if possible.

Indicate the specific correction: _____

3 Sign the certification and consent

I **certify** that the information given on this form is complete and accurate. I **consent** to the Department of Health and Wellness reviewing my personal health information in order to respond to my complaint.

I **understand** that the personal health information requested in this form is collected under section 75 of the Personal Health Information Act for the purposes of processing my request for correction to my information.

Name (please print): _____

Signature: _____ Date: _____

6 Return the form and attachments to

Privacy and Access Office
NS Department of Health and Wellness
1894 Barrington Street
PO Box 488
Halifax, NS B3J 2R8

Questions? Call 902-424-5419
1-855-640-4765 (toll free)
Email: phia@gov.ns.ca

<p>For Staff Use Only</p> <p>Authorized signature: _____</p> <p>Date: _____</p>
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Your right to correct a record has limits

The right to request a correction to your personal health information is dealt with in sections 85 to 90 of the Personal Health Information Act.

In some cases, the DHW is not required to correct the information.

Here are three reasons why your information may not be corrected as you requested in this form:

- *It consists of a record that was not originally created by the DHW and we do not have sufficient knowledge, expertise, and authority to correct the record.*
- *It consists of a professional opinion or observation that a custodian has made in good faith about an individual.*
- *The DHW believes on reasonable grounds that a request for a correction is frivolous or vexatious OR that a request is part of a pattern of conduct that amounts to an abuse of the right of correction.*

If the Department of Health and Wellness does not correct the information for one of these reasons, the department will notify you in writing.

If you have any questions about this form or the process for requesting a correction, contact the Privacy and Access Office above.