***Personal Health Information Act***

**REQUEST FOR CORRECTION TO PERSONAL HEALTH INFORMATION**

[Date]

This form will be used to request correction to your own personal health information

1. **IDENTIFICATION OF INDIVIDUAL** (please print clearly)

Last Name First Name Middle initial

Previous surname (if applicable) Date of birth (YYYY/MM/DD)

Provincial Health Card Number

Mailing address

Daytime telephone number

1. **REQUEST FOR CORRECTION**

Please provide a detailed description of the personal health information you are seeking to correct. Please be as specific as possible, including the date of the record, the reason for seeking the correction (e.g. the information is not accurate, complete or up-to-date), and the specific correction(s) you are seeking. If possible, please attach the relevant portion of the specific record.

1. **SIGNATURE**

I consent to the ***[name of custodian]*** reviewing my request for correction and the personal health information I am seeking to correct.

**Signature Date**

**Please deliver or mail your form to:**

**Name of contact person**

**Name of Custodian**

**Address of Custodian**

**Phone: 902-XXX-XXXX**

**Fax: 902-XXX-XXXX**

The right to request a correction to your personal health information is pursuant to ss. 85 - 90 of the *Personal Health Information Act.* A custodian is not required to correct the information if:

1. it consists of a record that was not originally created by ***[name of custodian]*** and ***[name of custodian]*** does not have sufficient knowledge, expertise and authority to correct the record;
2. it consists of a professional opinion or observation that a custodian has made in good faith about an individual;
3. the ***[name of custodian]*** believes on reasonable grounds that a request for a correction
	* 1. is frivolous or vexatious; or
		2. is part of a pattern of conduct that amounts to an abuse of the right of correction,

If ***[name of custodian]*** does not correct the information for the reason(s) listed above, it shall provide written notice to you.

If you have any questions about this form or the process for requesting a correction, please contact [name of contact person, name of custodian].