***Personal Health Information Act***

**RESPONSE TO REQUEST FOR CORRECTION TO PERSONAL HEALTH INFORMATION**

**REQUEST NOT GRANTED**

[Date]

I am writing in response to your request under the *Personal Health Information Act (PHIA)* for the following correction to your personal health information:

*[restate all information from individual’s request]*

Your request for correction has not been granted for the following reason:

*[State the reason for the refusal. The options are:*

1. *The information was not originally created by me/us, and I/we do not have sufficient knowledge, expertise and authority to correct the record; or*
2. *The information is a professional opinion or observation that I/we have made in good faith about you.]*

Pursuant to s. 90 of *PHIA*, you are entitled to:

1. prepare a concise statement of disagreement that sets out the correction that I/we have refused to make;
2. require that the I/we attach the statement of disagreement as part of the records I/we hold of your personal health information;
3. disclose the statement of disagreement whenever the I/we disclose information to which the statement relates;
4. require that the I/we make all reasonable efforts to disclose the statement of disagreement to any person who would have been notified under clause 88(c) of *PHIA* [see below] if I/we had granted the requested correction; and
5. make a complaint about the refusal to the Review Officer.

The *Personal Health Information Act*, section 90 requires that custodians make all reasonable efforts to disclose the statement of disagreement to any person who would have been notified if your request for correction had been granted.

If you choose to prepare a statement of disagreement, or if you have any questions related to this response, you may contact:

**Name of contact person**

**Name of Custodian**

**Address of Custodian**

**Phone: 902-XXX-XXXX**

**Fax: 902-XXX-XXXX**

If you are not satisfied with this response, you have the right to request a review of this decision by the Review Officer appointed pursuant to *PHIA.* The review must be filed with the Review Officer in writing within 60 days of the date of this decision letter. The Request for Review form is attached. The form should be sent to:

**Review Officer**

***Personal Health Information Act***

**P.O. Box 181**

**Halifax, Nova Scotia**

**B3J 2M4**

**Phone: 902-424-4684
Toll-free: 1-866-243-1564
Fax: 902-424-8303**