***Personal Health Information Act***

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

**REQUEST GRANTED IN PART**

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]*

**REQUEST FOR CORRECTION – GRANTED**

Pursuant to s. 88(a) of *PHIA,* your personal health information has been corrected as follows:

*[State how the correction has been made. The options are:*

1. *the information has been struck out without obliterating the record;*
2. *where that is not possible:*
	1. *the information has been labeled as incorrect;*
	2. *the incorrect information has been severed from the record;*
	3. *the incorrect information has been stored separately from the record; and*
	4. *a link has been maintained in the record that indicates that a correction has been made and enables a person to trace the incorrect information;*

1. *Where it is not possible to record the correct information in the record, ensuring that there is a practical system in place to inform a person who accesses the record that the information in the record is incorrect and to direct the person to the correct information;*

**REQUEST FOR CORRECTION – NOT GRANTED**

The reason for not granting the remainder of your request for correction is as follows:

*[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*, for the portion of your request which was not granted, 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 the *Personal Health Information Act* [see below] if I/we had granted the requested correction; and
5. make a complaint about the refusal to the Review Officer.

Section 88(c) of *PHIA* states that when a request for correction is granted, I/we shall, at your request*, “give written notice of the requested correction, to the extent reasonably possible, to the persons to whom the custodian has disclosed the information unless the correction cannot reasonably be expected to have an effect on the ongoing provision of health care or other benefits to the individual.”*

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**