

Request for Correction to Personal Health Information

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

2. 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.



3. SIGNATURE

I consent to the Student Health Clinic of Saint Mary's University reviewing my request for correction and the personal health information I am seeking to correct.

Signature

Date

Please deliver or mail your form to:

Student Health Services

Saint Mary's University 923 Robie Street Halifax, NS B3H 3C3 Canada

Phone:902-420-5611Fax:902-496-8222

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:

- a. it consists of a record that was not originally created by the Student Health Clinic and the Student Health Clinic does not have sufficient knowledge, expertise and authority to correct the record;
- b. it consists of a professional opinion or observation that a custodian has made in good faith about an individual;
- c. the Student Health Clinic believes on reasonable grounds that a request for a correction
 - i) is frivolous or vexatious; or
 - ii) is part of a pattern of conduct that amounts to an abuse of the right of correction,

If the Student Health Clinic does not correct the information for the reason(s) listed above, it shall provide written notice to you.