



## Access to Personal Information Request Form

Contact: Privacy Officer  
Nova Scotia Provincial Blood Coordinating Program  
7-130 Centennial Building  
1276 South Park Street  
Halifax, NS B3H 2Y9  
Phone: (902) 473-2121 Fax: (902) 473-2589  
E-mail: nspbcpc@cdha.nshealth.ca

Complete this form to request your personal information from Nova Scotia Provincial Blood Coordinating. Review the Frequently Asked Questions Sheet (FAQs) to determine the type of information you are requesting. Please allow up to 30 days for a reply to this request.

**Please print**

Full Name: \_\_\_\_\_  
*Last Name First Name Middle Initial*

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_  
*(Provide only if you prefer to receive communication by email)*

Nova Scotia Health Number: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Information requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Period for this request, include a start and end date (e.g. July 1, 2008 to July 1, 2009):  
\_\_\_\_\_

How would you like us to provide your information?

- By mail
- In person (I will pick up)

\_\_\_\_\_  
**Your Signature**  
*(Signature of the person requesting the information)*

\_\_\_\_\_  
**Date:**

<b>For office use only</b>
<b>Date Received:</b> _____ <b>Request No.</b> _____