



Nova Scotia Provincial Blood Coordinating Program Procedure for Requesting a Change/Correction of Personal Information

As a program operated under the auspices of the Nova Scotia Department of Health the Nova Scotia Provincial Blood Coordinating Program is bound by the *Freedom of Information and Protection of Privacy Act* ("FOIPOP Act") and its regulations.

In keeping with this act, an individual or his/her authorized representative, who believes that there is an error or omission in the individual's personal information may request that the information in the custody or under control of the Nova Scotia Provincial Blood Coordinating Program be corrected.

This procedure deals only with requests for changes / correction to personal information held by the Nova Scotia Provincial Blood Coordinating Program. Requests for changes / correction to information held by other public bodies, including hospitals and DHA's must be made directly to the applicable organization.

I. Request for Access to Personal Information Procedure

1. A request to change / correct personal information under the custody or control of the Nova Scotia Provincial Blood Coordinating Program must be made to the Program's Privacy Officer in writing using the *Request to Change Personal Information Form* (Appendix A), by the individual or their authorized representative.
2. An authorized representative, for the purposes of subsection 1 includes a person designated as a power of attorney, a personal guardian, or a person authorized by an individual to act on that individual's behalf. Copies of supporting documentation must accompany the request.
3. The Privacy Officer will make a note of the date the request is received and confirm with the individual that the request has been received.
4. A request for change / correction of personal information shall provide sufficient particulars to enable identification of the record and whether the change is appropriate. The Privacy Officer may contact the individual for more information in order to ensure they understand the request.
5. The Nova Scotia Provincial Blood Coordinating Program is not required to change / correct information if it determines that a change / correction is not appropriate.



6. Where no change/correction is made in response to a formal request, the Nova Scotia Provincial Blood Coordinating Program shall annotate the client / individual record with the request for change / correction, but note that the change / correction was not made.



Appendix A

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

Request for a Change / Correction of Personal Information

Complete this form to request a change / correction to your personal information in the custody and control of the Nova Scotia Provincial Blood Coordinating Program.

Please complete the process for requesting access to personal information prior to making this request.

Please print

Full Name: _____
Last Name First Name Middle Initial

Address: _____

Telephone Numbers of Requester:
 (Residence) _____ (Business) _____ (Fax) _____

Nova Scotia Health Number: ____ / ____ / ____

2. The details of the personal information requested to be changed are as follows:

3. The change requested is as follows (How you think the information should appear):

Signature of Requester: _____ Date: _____

For office use only	
Date Received: _____	Request No. _____