



Office of the Information and Privacy Commissioner for Nova Scotia
REQUEST FOR REVIEW FORM FOR ACCESS/CORRECTION
Request for Review under the Personal Health Information Act [PHIA]

IMPORTANT: Before filing a Request for Review with the Information and Privacy Commissioner, you **must** first have made an access or correction request with the custodian.

Your Information:

Name

Address

City

Province

Postal Code

Preferred Contact Number

Alternate Contact Number

Representative Information (Complete only if you will be represented.)

I authorize the following person to act on my behalf to receive any personal health information pertaining to me, as necessary for the purpose of this access/correction complaint. I understand that the Information and Privacy Commissioner's staff will then deal with that person directly and not myself.

Relationship to Representative

Name

Mr. Mrs. Ms. Miss

Address

City

Province

Postal Code

Preferred Contact Number

Alternate Contact Number

Custodian Information:

Name of Custodian Complaint Relates to:

Address

City

Province

Postal Code

Telephone

Details of Access/Correction Complaint

Please select the box(es) that explain why the complaint is being made:

It is more than 30 days since I made my request and I have not received a decision.

Custodian has withheld all or part of the requested records and I believe that more of them should be disclosed.

I disagree with the fees the Custodian wants to charge.

The Custodian has refused to grant my request to waive the fees.

The Custodian did not find some or all of the records I requested.

The Custodian decided to extend the time for responding to my request, and I disagree.

The Custodian indicated that the requested records are excluded from PHIA and I disagree.

The Custodian indicated my request is frivolous or vexatious and I disagree.

The Custodian has refused to make corrections to my personal health information.

Other:

Details of Access/Correction Complaint (Cont'd)

Please describe what, if anything, you have done to try to resolve your Access/Correction complaint with the Custodian.

Please describe how your Access/Correction complaint could be resolved.

Attach additional pages as required

The following **must** be attached to this form or it may be rejected and returned to you:

Copy of your request to access information/records or your request to correct personal health information.

Copy of response letter from Custodian to your request (if none, please explain).

Copy of documentation proving your authority IF you are a representative signing this form on behalf of the Applicant.

NOTE: Under the Personal health Information Act s. 93(4), the Information and Privacy Commissioner's staff is required to provide a copy of your completed form to the custodian of the personal health information referenced in your Request for Review. If you have concerns about this requirement, please make them known to the OIPC staff when you file this Request for Review.

It may be necessary for the OIPC staff to access your personal health information as part of our investigation of your Request for Review. Will only access your personal health information to the extent necessary in conducting this review. Any information accessed will be held in the strictest confidence. If you have any questions or concerns about this please make them known to the OIPC staff when you file this Request for Review.

By checking this box I confirm that all the information contained in this Form and attachment(s) is accurate to the best of my knowledge and I confirm that I have read the above note.

Signature

Signature of Applicant or Authorised Representative:

Date:

Submit your completed form to the Office of the Information and Privacy Commissioner:

PO Box 181
Halifax, NS B3J 2M4

Fax: (902) 424-8303
Email: oipcns@novascotia.ca

**If you have questions about completing this form, please call us:
(902) 424-4684 or No Charge-Dial: 1-866-243-1564**