***Personal Health Information Act***

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

**REQUEST GRANTED IN FULL**

[Date]

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 information from individual’s request]*

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

*[State how the correction has been made. 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].*

I trust that this correction is satisfactory. 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**