

# Request to Correct Personal Health Information

Personal information on this form is collected under authority of Prince Edward Island's *Freedom of Information and Protection of Privacy Act* and *Health Information Act*, and will be used to respond to your request. **Please complete and return to:** Access to Information and Privacy Team, 16 Garfield Street, PO Box 2000, Charlottetown, PE C1A 7N8

## About You

Last name:		First name:	
Date of Birth (YYYY/MM/DD):		Personal Health Number:	
Mailing address:			
City or Town:	Province:	Postal code:	
Telephone number:	Email address:		

## About your request

### 1. Whose information do you want to correct?

- Your own personal health information
- Another person's personal health information (Please attach proof that you can legally act for this person.)

## About the Substitute Decision-maker (if requesting to correct another person's health information)

Last name:		First name:	
Mailing address:			
City or Town:	Province:	Postal code:	
Telephone number:	Email address:		

### 2. To which Health PEI facility, program or service are you making the request?

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## About the information you want to correct

### 3. What personal health information needs to be corrected? (Please give as much detail as possible.)

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### 4. What correction do you want to make and why? (Please attach any documents that support your request.)

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## Your Signature

Signature:	Date:
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## For office use only

Date received:	Request number:
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