

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: Manager, Health Privacy and Information Access, 16 Garfield Street, PO Box 2000, Charlottetown, PE C1A 7N8**

About You

Last name		First name	
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.)

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 and include full name, health card number and /or date of birth of person whose information needs to be corrected.)

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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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For questions or more information, contact: (902) 368-4942 or healthprivacy@ihis.org