

# NB Health Link

Request for Correction Pursuant to  
The Right to Information and Protection of Privacy Act or the Personal Health  
Information Privacy and Access Act  
(version 3.0, 2022)



## Applicant Information

**Title:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Name of Company or Organization (if applicable):** \_\_\_\_\_

**Medicare number:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax\*:** \_\_\_\_\_

*\*Is this a secure fax number (not accessible to the public)?*      Yes     No

**E-mail Address\*\*:** \_\_\_\_\_

*\*\*Note: Personal Health Information will not be shared via e-mail*

## About Your Request

Whose information do you want to correct? Please check one:

- Your own personal information or personal health information
- Another person’s personal information or personal health information (*please attach proof that you can legally act for this person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization*).

What information needs to be corrected? Please provide as much detail as possible, including, if applicable, the complete patient name, date(s) of service rendered by NB Health Link, the specifics about what needs to be corrected and why. Attach additional pages if required.

\_\_\_\_\_ **Signature**

NB Health Link

\_\_\_\_\_ **Date**

*Fax: (506) 872-6509*

*Note: All requests will be reviewed and processed in accordance with the Right to Information and Protection of Privacy Act or the Personal Health Information Privacy and Access Act.*

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## INSTRUCTIONS

### Applicant Information

In this section of the form, please include:

- Your last name, first name and preferred title, if any; the name of the company or organization you are representing, if applicable;
- Your complete mailing address and your preferred telephone number should we need to contact you regarding your request; and
- A fax number or e-mail address, if any, where correspondence may be sent.

### About Your Request

In this section, please:

- Check which person's information you would like to correct (your own or someone else's);
- Provide the full name of the person whose records need to be corrected, along with any identifying numbers that may be associated with the record;
- If applicable, attach proof that you can legally act for the person whose information you are requesting to correct (if you are requesting to correct information for someone other than yourself);
- Provide details regarding the information that needs to be corrected and why. If you need more space, please continue your description on a separate page and attach to the form.

### Fees

- There are no fees when making a request to correct personal health information.

### Completing and Sending your Request

- You may complete the contents of the form electronically or print and complete by hand, but it must be printed and signed to be processed
- Send via one of the following means:
  - Fax to 506-872-6509; or
  - Mail or in person to: Privacy & Information Access Officer, 101-210 John St, Moncton, NB, E1C 0B8

NB Health Link

Fax: (506) 872-6509

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