



LIEN SANTÉ
NB HEALTH LINK

SERVICES DE SANTÉ NB
MEDAVIE
HEALTH SERVICES NB

Request For Correction

Pursuant to the *Right to Information and Protection of Privacy Act* or the *Personal Health Information Privacy and Access Act* (v.3.0, 2023)

Applicant Information

Title: _____ Last Name: _____ First Name: _____

Name of Company or Organization (if applicable): _____

Mailing Address: _____

Telephone: _____ Fax*: _____

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

E-mail Address: _____

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*).

I am requesting a correction to the following:

- ANB Record EMP Record NB Health Link Record

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 EM/ANB, the specifics about what needs to be corrected and why. Attach additional pages if required.

Signature

rti@medavienb.ca

Fax: (506) 872-6509

Date

EM/ANB Inc.

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

Mail or in person:

210 John Street, Suite 101
Attention: Privacy and Information Access Officer
Moncton, NB
E1C 0B8

Fax: (506) 872-6509

Email: rti@medavienb.ca

rti@medavienb.ca

Fax: (506) 872-6509

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