



Request for a Change / Correction of Personal Information

Contact: Rebecca Attenborough, Privacy Officer
Reproductive Care Program of Nova Scotia
5991 Spring Garden, Suite 700
Halifax, NS B3H 1Y6
Phone: 902-470-6798 Fax: 902-470-6791
e-mail: rebecca.attenborough@iwk.nshealth.ca

Complete this form to request a change / correction to your personal information in the custody and control of Reproductive Care/Rh Program of Nova Scotia.

Please complete the process for requesting access to personal information prior to making this request.

Please print

Full Name: _____
Last Name First Name Middle Initial

Address: _____

Telephone Numbers of Requester:
(Day time) _____

Nova Scotia Health Number: ____ _ / ____ _ / ____ _ .

2. The details of the personal information to which a change is requested are as follows:

3. The change requested is as follows (describe how you think the information should appear):

Signature of Requester: _____ Date: _____

For office use only

Date Received: _____ **Request No.** _____