



Access to Personal Information Request Form

Contact: Rebecca Attenborough
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Complete this form to request your personal information from the Reproductive Care Program/Rh Program of Nova Scotia. Review the Frequently Asked Questions Sheet (FAQs) to determine the type of information you are requesting. Please allow up to 30 days for a reply to this request.

Please print

Full Name: _____
Last Name First Name Middle Initial

Address: _____

Phone: _____ *(Please provide day-time number)*

E-Mail: _____

(Provide only if you prefer to receive communication about your request by email)

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

Information requested:

Time Period for this request, include a start and end date (e.g. July 1, 2006 to July 1, 2007):

How would you like us to provide your information?

- By mail
- In person (I will pick up)

Your Signature
(Signature of the person requesting the information)

Date:

For office use only	
Date Received: _____	Request No. _____