



Request for Removal or No Use of Personal Information

Contact: Rebecca Attenborough
 Privacy Officer,
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Complete this form to request that your personal information not be used by, or be removed from Reproductive Care Program/Rh Program of Nova Scotia databases.

This request is for your personal information not be used or removed.

Please print

Full Name: _____
Last Name *First Name* *Middle Initial*

Address: _____

Phone: _____ Fax: _____

E-Mail: _____
(Provide only if you prefer to receive communication about your request by email)

Nova Scotia Health Number: ____ / ____ / ____.

Description of personal information that I request not be used or be removed:

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

Your Signature
(Signature of the person making the request)

Date:

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

