



## **Reproductive Care/Rh Program of Nova Scotia Procedure for Making a Request that Personal Information Not Be Used or Be Removed**

A client/individual may request that their personal information not be entered into Reproductive Care/Rh Program of Nova Scotia databases or that existing personal information be removed, subject to legal or contractual restrictions and reasonable notice.

### **Procedure:**

1. Requests that personal information not be used or be removed from the databases must be made to Reproductive Care Program/Rh Program of Nova Scotia's Privacy Officer in writing using the *Request for Removal Or No Use of Personal Information* form (Appendix A), by the individual or their authorized representative.
2. An authorized representative, for the purposes of subsection 1 includes a person designated as a power of attorney, a personal guardian, or a person authorized by an individual to act on that individual's behalf. Copies of supporting documentation must accompany the request.
3. The Privacy Officer or designate will make a note of the date the request is received and confirm with the individual that the request has been received.
4. A request that personal information not be used or be removed from a database shall provide sufficient particulars to enable identification of the record. The Privacy Officer may contact the requester for more information in order to ensure complete understanding of the request.
5. If the request is approved, the Reproductive Care/Rh Program of Nova Scotia Privacy Officer will inform clients /individuals of the implications of removing their personal information and notify them once the information has been removed.
6. Where personal information cannot be removed, Reproductive Care Program/Rh Program of Nova Scotia shall provide clients / individuals with the rationale for not granting their request. The Program shall make a notation related to the specific request not to use or to remove personal information and the rationale for not granting the request.

## Appendix A



### Request for Removal or No Use 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 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):

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**Your Signature**  
(Signature of the person making the request)

**Date:**

<b>For office use only</b>	
<b>Date Received:</b> _____	<b>Request No.</b> _____