



Reproductive Care Program/Rh Program of Nova Scotia Procedure for Accessing Personal Information

As a program operated under the auspices of the Nova Scotia Department of Health, the Reproductive Care Program/Rh Program of Nova Scotia is bound by the *Freedom of Information and Protection of Privacy Act* ("FOIPOP Act") and its regulations.

In keeping with this act, an individual or his/her authorized representative shall be permitted to view or receive a copy of any personal information collected and managed about him/her by the Reproductive Care Program/Rh Program of Nova Scotia unless the disclosure is exempted by legislation.

This procedure deals only with requests for access to personal information. Requests for information other than access to an individual's personal information must be made pursuant to subsection 6(1), of the *Freedom of Information and Protection of Privacy Act* by contacting the Administrator, Access & Privacy, NS Department of Health at 424-4418 (See Appendix B for FOIPOP Application Form).

I. Request for Access to Personal Information Procedure

1. A request for access to personal information must be made to the Program's Privacy Officer in writing using the *Request for Personal Information Form* (Appendix A), by the individual or their authorized individual.
2. An authorized individual, 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 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 for information shall provide sufficient particulars to enable identification of the record. The Privacy Officer may contact the requester

for more information in order to ensure they understand what information is being requested.

5. The Reproductive Care Program/Rh Program of Nova Scotia will not charge the individual any fees for access to, or a copy of their own personal information.
6. Depending on the nature of the information, the Reproductive Care Program/Rh Program of Nova Scotia Privacy Officer may suggest that the information be provided in conjunction with the individual's medical professional / or a medical professional associated with the Reproductive Care Program/Rh Program of Nova Scotia.
7. In certain situations, the Reproductive Care Program/Rh Program of Nova Scotia may not be able to provide access to all personal information it holds about an individual. Exceptions for not granting access may include information that refers to other individuals, information subject to legal, security or proprietary restrictions, and information that is subject to solicitor-client or litigation privilege.
8. The Privacy Officer will provide an explanation if full access to personal information is not provided.
9. Where the Reproductive Care Program/Rh Program of Nova Scotia is not the direct collector of personal information about an individual, the Program will indicate the source of this information where possible.
10. Information can be picked up from the Program Office or mailed to the requestor's address. Information will not be sent by fax or e-mail.

II. Timing for Response

1. Timelines for responding to a request for access to information are as provided in the *FOIPOP Act*.
2. The the Reproductive Care Program/Rh Program of Nova Scotia will notify the individual with information regarding their request within 30 days of receipt of the request.

III. Minors

1. All requests for access to personal information of an individual under the age of 18 will referred to the Administrator, Information Access & Privacy, NS Department of Health.

IV. Third Party Requests by Legal / Law Enforcement Representatives

1. Requests for individual personal information by the executor of the individual's estate, law enforcement agencies or legal counsel must be directed to the Administrator, Access & Privacy, NS Department of Health.

Appendix A



Access to Personal Information Request Form

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 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. _____

Appendix B

**Application for Access to a Record
Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Subsection 6(1)**

TO: _____ (Address to the senior
_____ administrative officer of the
_____ public body where the record is
_____ filed or deposited.)

1. This is an application pursuant to the Freedom of Information and Protection of Privacy Act for access to:

Check one

- _____ (a) applicant's own personal information; or
_____ (b) other information; or
_____ (c) both applicant's own personal information and other information.

2. I am applying for access to the following record:

(Below, identify the material applied for precisely by including such particulars as the specific event or action to which it refers, the date of the record or the date or period to which it relates, the type of record (document, report, letter et cetera), names of program personnel who prepared or may have knowledge of the information, or citations to newspapers or publications which are known to have referred to the record.)

3. I wish to:

Check one

- _____ (a) examine the record; or
_____ (b) receive a copy of the record.

4. I understand that I may be required to pay a fee before obtaining access to the record.

Date: _____

Signature of Applicant: _____

Print Full Name of Applicant: _____

Mailing Address of Applicant: _____

(Street/Apartment No./R.R. No.)

(Community/County)

(Postal Code)

Telephone Numbers of Applicant: _____

(Residence) / (Business)

Fax Number of Applicant: _____