

Diabetes Care Program of Nova Scotia Procedure for Making a Request that Personal Information Either Not Be Used or Be Removed

A client/individual may request that their personal information not be entered into the Diabetes Care Program of Nova Scotia data holding/registry/database or that existing personal information be removed, subject to legal or contractual restrictions and reasonable notice.

Procedure:

1. Requests that personal information either not be used or be removed from a data holding/registry/database must be made in writing to the Diabetes Care Program of Nova Scotia's Privacy Officer by the individual or their authorized representative using the *Request for Removal / Non Use of Personal Information* form.
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 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 either not be used or be removed from a data holding/registry/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 they understand the request.
5. If the request is approved, the Diabetes Care Program of Nova Scotia's Privacy Officer will inform the client/individual of the implications of removing their personal information and notify them once the information has been removed.
6. Where personal information cannot be removed, the Diabetes Care Program of Nova Scotia shall provide the client / individual 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.

Privacy Officer, Diabetes Care Program of Nova Scotia
1276 South Park Street, Bethune Building #548, Halifax, NS B3H 2Y9
Phone: (902) 473-3219; Fax: (902) 473-3911; E-mail: info@dcpsns.nshealth.ca

Request for Removal or Non-Use of Personal Information

Complete this form to request that your personal information not be used by, or be removed from the Diabetes Care Program of Nova Scotia data holding/registry/database.

This request is for your personal information (*please check*) not to be used to be removed.

Please Print

Full Name: _____
Last Name First Name Middle Initial

Address: _____

Phone: _____ (H) _____ (W) Fax: _____

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

Nova Scotia Health Number: ____ / ____ / ____.

Personal Information that is requested (*please check*) not to be used to be removed:

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

Signature of Requester **Date**

FOR OFFICE USE ONLY	
Date Received: _____	Request No.: _____