

# EM/ANB Inc.

Request for Correction Pursuant to  
The Right to Information and Protection of Privacy Act or the Personal Health  
Information Privacy and Access Act  
(version 2.0, 2021)



## Applicant Information

**Title:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Name of Company or Organization (if applicable):** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax\*:** \_\_\_\_\_

*\*Is this a secure fax number (not accessible to the public)?*      Yes     No

**E-mail Address\*\*:** \_\_\_\_\_

*\*\*Note: Personal Health Information will not be shared via e-mail*

## About Your Request

Whose information do you want to correct? Please check one:

- Your own personal information or personal health information
  
- Another person's personal information or personal health information *(please attach proof that you can legally act for this person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization).*

What information needs to be corrected? Please provide as much detail as possible, including, if applicable, the complete patient name, date(s) of service rendered by EM/ANB, the specifics about what needs to be corrected and why. Attach additional pages if required.

\_\_\_\_\_  
**Signature** **Date**

EM/ANB Inc.

Fax: (506) 872-6509

*Note: All requests will be reviewed and processed in accordance with the Right to Information and Protection of Privacy Act or the Personal Health Information Privacy and Access Act.*

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## INSTRUCTIONS

### Applicant Information

In this section of the form, please include:

- Your last name, first name and preferred title, if any; the name of the company or organization you are representing, if applicable;
- Your complete mailing address and your preferred telephone number should we need to contact you regarding your request; and
- A fax number or e-mail address, if any, where correspondence may be sent.

### About Your Request

In this section, please:

- Check which person's information you would like to correct (your own or someone else's);
- Provide the full name of the person whose records need to be corrected, along with any identifying numbers that may be associated with the record;
- If applicable, attach proof that you can legally act for the person whose information you are requesting to correct (if you are requesting to correct information for someone other than yourself);
- Provide details regarding the information that needs to be corrected and why. If you need more space, please continue your description on a separate page and attach to the form.

### Fees

- There are no fees when making a request to correct personal health information.

### Completing and Sending your Request

- You may complete the contents of the form electronically or print and complete by hand, but it must be printed and signed to be processed
- Send via one of the following means:
  - Mail or in person to the Extra-Mural Unit that holds the record to be corrected (if applicable)
  - Fax to 506-872-6509; or
  - Mail or in person to: Privacy & Information Access Officer, 101-210 John St, Moncton, NB, E1C 0B8

EM/ANB Inc.

Fax: (506) 872-6509

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