

**Can I request that something in my personal health information be corrected?**

Yes – you may make the request to our *Health Services staff*. There are limited exceptions to your right to a correction of your record, including when the information you request to be corrected is part of a professional opinion of a health practitioner.

**What happens if you lose my personal health information or someone who isn't authorized to see it gains access to it?**

If your personal health information is breached and we believe that this breach may cause you harm or embarrassment, we are required to notify you of the breach. If we don't notify you, we are required to notify the Review Officer for *PHIA*.

**Can I make a complaint if I think you have not followed the rules in *PHIA*?**

Yes – our organization has a *PHIA* complaints process. Our *staff in Health Services* can provide you with the necessary information and form.

**What if I am not happy with the way your organization has handled my complaint?**

You may request a review under *PHIA*. The Review Officer for *PHIA* can be reached at:

**Review Officer**  
*Personal Health Information Act*  
P.O. Box 181  
Halifax, Nova Scotia B3J 2M4

**Phone:** 902-424-4684  
**Toll-free:** 1-866-243-1564  
**Fax:** 902-424-8303

***The Personal Health Information Act***

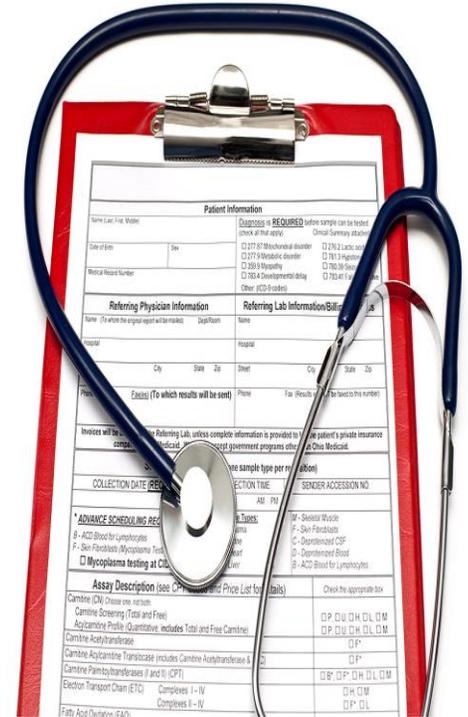
*The Personal Health Information Act (PHIA)* came into force in June 2013.

This new provincial health information privacy and access legislation is intended to ensure that personal health information management rules in the health sector are clear, consistent and relevant to all records of personal health information, including the electronic health information systems being implemented in Nova Scotia.

*PHIA* balances your right to have your privacy protected with the need of the health sector – including our organization – to collect, use and disclose it to provide appropriate care and service to you.

As a “custodian” of personal health information under *PHIA*, we have an obligation to protect the privacy of the information we collect, use and disclose about you. This brochure is a summary of the purposes for our management of your personal health information.

**Who do I contact for more information?**



**DALHOUSIE UNIVERSITY  
AGRICULTURAL CAMPUS  
HEALTH SERVICES**  
PO Box 550 Truro NS B2N5E3  
Tel # (902)893-6369  
2014



**DALHOUSIE  
UNIVERSITY  
AGRICULTURAL  
CAMPUS  
HEALTH  
SERVICES**

*Personal Health Information Act*

## What is “personal health information”?

Personal health information is identifying information about you, and includes demographic information (name, address, date of birth), your health card number, information related to your physical and mental health care, and financial information related to your application and eligibility for health care services. Personal health information can be recorded and unrecorded, and continues to be protected after you are deceased.

## Why do you collect my personal health information?

We collect it for several purposes:

- to inform our decisions related to appropriate health care for you
- to disclose to other providers involved in your health care – **only with your consent**
- to conduct anonymous research approved under *PHIA*
- to plan and manage Health Services for you and others at Dalhousie University Agricultural Campus
- for other purposes required or permitted by law

## When do you disclose my personal health information to others?

Our procedure is that NO information about your care will be disclosed without your consent outside the healthcare team of Health Services. The personal health information we collect from you is used to provide appropriate care to you.

## Do I need to consent to this disclosure?

Yes, written consent is obtained. In some situations, verbal consent can be accepted. We also have limits of confidentiality as set out by certain laws i.e. Child Pornography Act, Mandatory Reporting of a Gun Shot Wound, etc.

In hospital settings, this disclosure is carried out under the principle of “knowledgeable implied consent”. This means that we have to provide you sufficient information about the purposes for collecting, using and disclosing your personal health information, and about your right to give or withhold consent. In addition to the information contained in this brochure, you may ask for additional information about the management of your personal health information.

## Can I decide who can and can’t have access to my personal health information?

You have the right to request that your personal health information not be used or disclosed by a specific health professional or organization. We are required to:

- take reasonable steps to comply with your request
- advise you of any consequences of your request (e.g. one of your health professionals may not be confident that they have sufficient information to provide care to you)
- advise anyone to whom your personal health information is disclosed that the information is not complete
- advise you that we cannot comply with your request where the information is required by law to collect, use or disclose

## How do I request that my personal health information not be used or disclosed?

Our standard practice is that no confidential information will be shared without your consent. A form is available from Health Services.

## Can I request a copy of my personal health information?

Yes –you have the right to request a copy of your personal health information, or request an opportunity to view your personal health information. There are limited exceptions to what you cannot access, including information that was collected during an investigation or information that includes the personal information of another person. We are permitted to charge you a prescribed fee for providing you with a copy of your record or an opportunity to view your record.