



CHANGE OF PERSONAL INFORMATION REQUEST FORM

Formal request, based on *Personal Information Protection Act* principles, for addition, deletion or alteration of existing personal information retained in HSA records

The purpose of this form is to formally request amendment by HSA of personal information protected under the *Personal Information Protection Act* ('PIPA'). HSA takes measures to ensure that the personal information it collects is both accurate and appropriately safeguarded. If you require HSA to change its record of an individual's personal information, please submit your completed change request form to the attention of the HSA Privacy Officer.

1. Whose personal information are you requesting to change?

- Self Another individual

Name of individual (print name in full)

Member ID # (if individual is an HSA Member) _____

Job Title of individual

Place of Work of individual

** If you are requesting a change to your own personal information, please go to Question 5.

2. If you are requesting a change to personal information that is NOT your own, are you legally entitled to do so?

- Yes No

3. If you answered 'yes' above, please provide the authority by which you are making this request: (include relevant legislation, permissions and/or reasons)

4. Is the individual whose personal information you wish to change aware that you are making this request of HSA?

- Yes No

If you answered 'yes' above, please attach an **original signed consent letter** from the individual, outlining exactly what information HSA may change for the purpose you specify in question 6 of this request. (HSA will contact the individual to verify this consent).

If you answered 'no' above, please be aware that the *Personal Information Protection Act* requires HSA to contact the individual whose personal information you are requesting to change. (If that individual does not wish their personal information to be changed by you then HSA will protect that information in accordance with *PIPA*).

5. What specific personal information would you like changed?

(please be as accurate as possible)

Add _____

Delete _____

Alter _____

6. Why are you requesting this change?

(i.e. moved, new email address, error in existing HSA record)

The details provided in this Change of Personal Information Request are truthful to the best of my knowledge. I understand that removal of any of an individual's personal information from HSA records may compromise HSA's ability to provide that individual with full service.

Change of Personal Information Request submitted by: (please print)

Member ID#: (if individual is an HSA Member) _____

Job Title/Location: _____

Please provide HSA with your personal contact information for verification and change confirmation purposes: _____

Signature

Date (Month/Day/Year)

Please submit this Change of Personal Information Request directly to the attention of the **HSA Privacy Officer** at:

180 East Columbia Street
New Westminster, BC V3L 0G7

or

Facsimile: 604-515-8889 / 1-800-663-6119
Email: privacy@hsabc.org

*** Privacy Statement**

The HSA is committed to using the personal information we collect in accordance with applicable privacy legislation. By completing this form you are consenting to have HSA use the submitted information for the purposes of conducting our representational duties as a union, and in providing services to our members. For further information please contact the HSA Privacy Officer.