Information and Privacy Commissioner of Ontario
Commissaire à l'information et à la protection de la vie privée de l'Ontario

Collection, Use and Disclosure Complaint Form

Complaint under the *Personal Health Information Protection Act (PHIPA)*

Note: A "health information custodian" in *PHIPA* is a person or organization that has custody or control of personal health information for the purpose of health care or other health-related duties.

Your complaint should be sent to the attention of **the Registrar**.

Your information:

Preferred pronoun (optional)

☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs ☐ Other (specify) ▶

Surname

Given name Initials

Address Unit

City Province Postal code

Telephone: Daytime Evening

E-mail address

☐ I consent to being contacted at this e-mail address or through that of my representative on my behalf. I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.

Representative information

(*Complete only if you will be represented*.)

I authorize the following person to act on my behalf and to receive any personal health information pertaining to me, as necessary for the purposes of this access/correction complaint.

Representative is a ☐ Lawyer ☐ Agent

Surname

Given name Initials

Name of company, association or organization

Address Unit

City Province Postal code

Telephone: Daytime Evening

E-mail address

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Complaint under the *Personal Health Information Protection Act (PHIPA)*

Contact information of person or organization complaint relates to

Name of person or organization complaint relates to

Address Unit

City Province Postal code

Telephone

E-mail address

Consent regarding your personal health information

(*Please check the box below if you agree with the following statement.*)

☐ I consent to the Information and Privacy Commissioner of Ontario (IPC) inspecting a record of, requiring evidence of, or inquiring into, my personal health information as is reasonably necessary for the purpose of processing my access/correction complaint.

Consent to disclose your name, this complaint form, and the attachments to this complaint form

By filing this complaint with the IPC, I consent to the disclosure of my name, this complaint form, and all attachments provided with this complaint form to all of the parties to this complaint (including the health information custodian), unless I expressly inform the IPC otherwise.

Where I inform the IPC that I do not consent to disclosing my name, this complaint form, and all attachments provided with this complaint form, the IPC will consider whether it can fairly and adequately address this complaint without disclosing this information and may decide to close this complaint.

If you do not consent to disclosing your name, this complaint form, and all attachments provided with this complaint form as set out above, please provide detailed reasons to support your position:

Attachments

The following documents have been attached (if available):
Please attach copies of all documents relevant to this Complaint.

Details of the complaint

I have reason to believe that one or more of the following has occurred:

- ☐ The person or organization the complaint relates to has inappropriately collected my personal information.
- ☐ The person or organization the complaint relates to has inappropriately disclosed my personal health information.
- ☐ The person or organization the complaint relates to has inappropriately used my personal information.
- ☐ The person or organization the complaint relates to has inappropriately disposed of my personal information.
- ☐ Other – please explain:

Please provide a detailed description of your complaint covering the *what, when, who, how, where,* and *why* of what happened. (If you need additional space, please attached as many pages as necessary.)

Resolution of complaint

Please describe what, if anything, you have done to try to resolve your complaint.

Please describe how you feel your complaint could be resolved.

Information about the complaint process

For more information about the processes of the Information and Privacy Commissioner of Ontario, please contact our office at 416-326-3333, toll-free at 1-800-387-0073, or visit our website at www.ipc.on.ca.

Mail this completed form to:

Registrar
Information and Privacy Commissioner of Ontario
1400-2 Bloor Street East
Toronto, ON M4W 1A8

Signature

Your signature

Date *(mm/dd/yyyy)*