



TO: Office of the Information and Privacy Commissioner
Sir Brian Dunfield Building
3rd Floor, 2 Canada Drive
P.O. Box 13004, Station A
St. John's, NL A1B 3V8
Phone: (709) 729-6309 Fax: (709) 729-6500
Toll Free: 1-877-729-6309

For Office Use Only (Not to be Completed by Applicant)

Date Stamp:

Received By:

Initials: _____

Print Name _____

Your Information (please print)

Surname:

First Name:

Organization (where applicable):

Address: _____

_____ Postal Code _____

Daytime Telephone #:

Facsimile #:

E-Mail:

Custodian Information (a custodian is a person having custody or control of personal health information under PHIA)

Name of the custodian that your complaint concerns.

Date of the events leading to your complaint.

Name of the individual(s) you have been dealing with at the custodian.

Details of Your Complaint

Are you making this complaint:

- on behalf of yourself? on behalf of another individual?

If you checked “on behalf of another individual,” please attach supporting documentation authorizing you to act on his/her behalf (if applicable).

Choose one or more of the following to help describe your complaint (provide specifics below):

- Improper collection of personal health information.
- Improper use of personal health information.
- Improper disclosure of personal health information.
- Inadequate protection of personal health information.
- Any other misuse of personal health information (please describe below).

Provide the Specifics of your Complaint Here*

What Resolution or Remedy are you Seeking?*

**Attach additional pages as required.*

*****If available, please attach a copy of any correspondence you sent to the custodian about your complaint, any correspondence sent to you by the custodian about your complaint, and any documentation authorizing you to act on behalf of another person (if applicable) .***

Note: Under the Personal Health Information Act, the Commissioner’s office is required to provide a copy of your completed form to the custodian of personal health information referenced in your complaint. If you have concerns with this requirement, please make them known to the Commissioner’s Office when you file this complaint.

It may be necessary for our Office to access your personal health information as part of our investigation of your privacy complaint. We will only access your personal health information to the extent necessary in conducting this investigation. Any information accessed will be held in the strictest of confidence. If you have any questions or concerns about this please make them known to the Commissioner’s Office when you file this complaint.

(Signature)

(Date)