



OFFICE OF THE INFORMATION
AND PRIVACY COMMISSIONER
NEWFOUNDLAND AND LABRADOR

**Investigation of Complaint
About Access to OR Correction of
Personal Health Information**

Personal Health Information Act (PHIA)

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 Email: commissioner@oipc.nl.ca

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 your Application for Access or Correction to the custodian.
Name of the individual 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 or her behalf.

Please select all that apply:

As the applicant, I am requesting that the Commissioner review a decision to deny access to a record.

As the applicant, I am requesting that the Commissioner review a decision to deny a request to correct a record.

I am requesting that the Commissioner investigate the extension of time for responding to the request.

I am requesting that the Commissioner investigate the fees associated with the request.

Other (please explain 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 your request to the custodian, the custodian’s response and any other correspondence between you and the custodian regarding this matter.*****

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 access or correction 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)