

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 access/correction complaint should be sent to the attention of **the Registrar**.

YOUR INFORMATION: MR. MRS. MS MISS

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 MR. MRS. MS MISS

SURNAME

GIVEN NAME INITIALS

NAME OF COMPANY, ASSOCIATION OR ORGANIZATION

ADDRESS UNIT

CITY PROVINCE POSTAL CODE

TELEPHONE: DAYTIME EVENING

E-MAIL ADDRESS

HEALTH INFORMATION CUSTODIAN INFORMATION

NAME OF HEALTH INFORMATION CUSTODIAN COMPLAINT RELATES TO

ADDRESS UNIT

CITY PROVINCE POSTAL CODE

TELEPHONE

E-MAIL ADDRESS

CONSENT REGARDING YOUR PERSONAL HEALTH INFORMATION

- 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.

- Copy of the request.
- Copy of the health information custodian's decision letter.
- Other documents (please describe):

DETAILS OF THE ACCESS/CORRECTION COMPLAINT

Please check all the boxes that explain why the complaint is being made.

- Deemed Refusal** – It is more than 30 days since I made my request and I have not received a response.
- Expedited Access** – The health information custodian refused my request to process my access request on an urgent basis in less than 30 days.
- Exemptions** – The health information custodian has exempted all or part of the requested records and I believe that more of them should be disclosed.
- Fee/Fee Estimate** – The health information custodian sent me an access decision that included a fee or fee estimate that I feel is excessive.
- Fee Waiver** – The health information custodian has refused to grant my request to waive the fees.
- Reasonable Search** – The health information custodian indicated that some or all of the requested records do not exist and I believe that more records do exist.
- Time Extension** – The health information custodian decided to extend the time limit for responding to my request, and I disagree.
- Failure to Provide Access** – The health information custodian decided to grant access to requested records but I have not received them.
- No Jurisdiction** – The health information custodian indicated that the requested records are excluded from *PHIPA* and I disagree.
- Frivolous or Vexatious** – The health information custodian indicated that my request is frivolous or vexatious and I disagree.
- Refusal to Confirm or Deny** – The health information custodian refused to confirm or deny the existence of the requested records.
- Correction** – The health information custodian has refused to make corrections to my personal health information.
- Other** – Please explain:

RESOLUTION OF ACCESS/CORRECTION COMPLAINT

Please describe what, if anything, you have done to try to resolve your access/correction complaint with the health information custodian.

Please describe how you feel your access/correction complaint could be resolved.

INFORMATION ABOUT THE ACCESS/CORRECTION 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