



Authorization to Act as an Agent for a Complaint under the *Personal Health Information Protection Act*

I, _____, hereby authorize _____
Name of Person Appointing Agent Name of Agent

to act as my agent for the purpose of a complaint to the Information and Privacy Commissioner of Ontario
under the *Personal Health Information Protection Act* _____.
Name of Health Information Custodian

I also consent for the Information and Privacy Commissioner of Ontario to inspect a record of, require evidence
of, or inquiry into, my personal health information as it pertains to the processing of my complaint.

I further authorize the Information and Privacy Commissioner of Ontario and _____
Name of Health Information Custodian
to disclose to _____ all information, including personal health
Name of Agent
information pertaining to me, as may be necessary for the purposes of processing and reviewing my complaint
in accordance with the *Personal Health Information and Protection Act* and for purposes of proceedings arising
from the complaint where my personal health information is or relates to a matter at issue.

I acknowledge that I may withdraw this Authorization at any time by providing written notice to the Office of
Information and Privacy Commissioner of Ontario.

Signature of person appointing agent

Signature of witness

Date

Agent Contact Information:

Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____