

Access/Correction Complaint Form

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

Note: A person or organization that has custody or control of personal health information for the purpose of providing health care is referred to as a "health information custodian" under the *Act*.

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 ADRESS* _____

*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 _____

Consent to Process Your Access/Correction Complaint

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

Consent to Disclose Your Name to the Health Information Custodian the Complaint is about

Please select one of the following:

I consent to my name being disclosed to the health information custodian in order to investigate this access/correction complaint.

I do not consent to my name being disclosed to the health information custodian.

Consent to Provide a Copy of Documentation to the Health Information Custodian

Please select one of the following:

I consent to a copy of this form and all attachments being provided to the health information custodian.

I do not consent to a copy of this form and all attachments being provided to the health information custodian.

Attachments

The following documents have been attached (if available):

Copy of the request.

Copy of the health information custodian's decision letter

Details of the Access/Correction Complaint

Please select the box(es) 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 decision.
- 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.
- Interim Decision - Because of the number of records at issue, the health information custodian reviewed a sample of the records or consulted an experienced employee, advised me of the exemptions that might apply, and provided me with a fee estimate. I disagree with the amount of the fee estimate.
- 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 Disclose Records - 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 the Act and I disagree.
- Frivolous or Vexatious** - The health information custodian indicated my request is frivolous or vexatious and I disagree.
- Refusal to Confirm or Deny - The health information custodian has 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 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/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.

Where to Send this Form

Mail this completed form to:

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

Signature

YOUR SIGNATURE _____

DATE _____