

PHIA Form

Written Authorization

A person who wants someone else to act on their behalf regarding a complaint to the Office of the Information and Privacy Commissioner (OIPC) may use this form to provide written authorization. Section 7(a) of the **Personal Health Information Act (PHIA)** states:

A right or power of an individual under this Act or the regulations may be exercised...by a person with written authorization from the individual to act on the individual's behalf.

You can complete and send this form to commissioner@oipc.nl.ca. You can also send your written authorization by mail to the Office of the Information and Privacy Commissioner, PO Box 13004, Station A, St. John's, NL A1B 3V8, or by fax to 709-729-6500. Information in this form is being collected to process and investigate your complaint.

OIPC will retain a copy of this form. In order to conduct our investigation, it may be necessary for OIPC to access and review your personal health information. Collection of your personal information by OIPC is authorized by section 61(c) of the **Access to Information and Protection of Privacy Act, 2015**. If you have any questions or concerns, please contact [OIPC's Privacy Officer](#) at 709-729-6309 or toll free at 1-877-729-6309.

Date of Written Authorization: _____

This authorization relates to a **new complaint** and will be submitted with the complaint form.

OR

This authorization relates to an **existing complaint**. OIPC Complaint Number: _____.

Section 2: Representative Information

This is the person you are authorizing to act on your behalf.

Name	
Organization (if applicable)	
Mailing Address Please provide the Representative's <u>complete</u> mailing address.	
Phone Number	
Email	

Section 2: Written Authorization to Act on Your Behalf

I, (your name) _____, am authorizing the Representative named in this form to act for me in my complaint made under PHIA to OIPC.

I understand that OIPC will share all information about my complaint, including my personal information or personal health information, with the Representative named in this form.

I understand that the Representative named in this form will make all decisions related to my complaint, and this means they can make decisions to withdraw or informally resolve the complaint on my behalf.

I understand that if I want to end this authorization, I must notify OIPC in writing.

Signed at (town or city) _____ on (date) _____.

Your Signature: _____