

# PHIA Form

## Correction Complaint

A person who made a request to a custodian to correct an error or omission in their personal health information may use this form to file a correction complaint. Section 66 (1) of the **Personal Health Information Act** (PHIA) states:

Where a custodian has refused the request of an individual ... for correction under subsection 60(1), the affected individual may file a complaint with the commissioner.

You can complete and send this form to [commissioner@oipc.nl.ca](mailto:commissioner@oipc.nl.ca). You can also send your complaint 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.

The Office of the Information and Privacy Commissioner (OIPC) will send a copy of this form to the custodian. 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.

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**Date of Correction Complaint:** \_\_\_\_\_

I am making this complaint on behalf of:                      myself                      another person

**If you are making this complaint on behalf of "another person," please provide supporting documents authorizing you to act on their behalf.**

### Section 1: Your Information

<b>Name</b>	
<b>Organization</b> (if applicable)	
<b>Mailing Address</b> Please provide your <u>complete</u> mailing address.	
<b>Phone Number</b>	
<b>Email</b>	

### Section 2: Custodian Information

<b>Custodian Name</b>	
<b>Mailing Address</b>	
<b>Physical Location Address</b>	
<b>Phone Number</b>	
<b>Email</b>	
<b>Custodian File Number</b>	
<b>Date of Your Correction Request</b>	

Please attach a copy of any correspondence you received from the custodian about your correction request.

I have attached correspondence I received from the custodian.

I am not attaching any correspondence.

### Section 3: Reason for Complaint

I have a complaint about the custodian's refusal to correct my personal health information.

I made a request to correct my personal health information and the custodian has not responded.

**Section 4: Details of Your Complaint**

**Section 5: Resolution or Remedy You Are Seeking**