

PHIA Form

Cost Review Complaint

A custodian may charge a reasonable fee for providing a person with a copy of a record of their personal health information. Section 57(1) of the **Personal Health Information Act (PHIA)** states:

A custodian may charge a reasonable fee for providing a copy of a record in response to a request for access and the fee shall not exceed the maximum fee set by the minister.

A person who received a fee estimate from a custodian or who was charged a fee associated with their access request may use this form to request the commissioner investigate this cost. Section 66(3) of PHIA states:

Where an individual believes on reasonable grounds that a custodian has contravened or is about to contravene a provision of this Act or the regulations in respect of his or her personal health information or the personal health information of another, he or she may file a complaint with the commissioner.

You can complete and send this form to 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.

Date of Cost Review 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

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

Section 2: Custodian Information

Custodian Name	
Mailing Address	
Physical Location Address	
Phone Number	
Email	
Custodian File Number	
Date of Your Access Request	

Please attach a copy of any correspondence you received from the custodian about your request and the custodian's fees associated with your request.

I have attached correspondence I received from the custodian about my request.

I have attached the fee estimate or fees charged.

I am not attaching any correspondence.

Section 3: Reason for Complaint

I am seeking the Commissioner investigate the fees associated with the request.

Section 4: Details of Your Complaint

Section 5: Resolution or Remedy You Are Seeking