

PHIA Form Privacy Complaint

A person who believes on reasonable grounds that personal health information has been or will be collected, used or disclosed by a custodian in contravention of the **Personal Health Information Act** (PHIA) may use this form to file a privacy complaint. 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 Privacy 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	
Date of Privacy Incident	

Please attach a copy of any correspondence you received from the custodian that relates to this privacy complaint.

I have attached correspondence I received from the custodian.

I am not attaching any correspondence.

Section 3: Reason for Complaint (check all that apply)
<p>The custodian has improperly collected personal health information.</p> <p>The custodian has improperly used personal health information.</p> <p>The custodian has improperly disclosed personal health information.</p> <p>The custodian has improperly disposed of personal health information.</p> <p>The custodian did not make sure personal health information was accurate and complete.</p> <p>The custodian did not adequately protect personal health information.</p>

Section 4: Details of Your Complaint

Section 5: Resolution or Remedy You Are Seeking