



REVIEW OF PRIVACY COMPLAINT FORM UNDER THE *PERSONAL HEALTH INFORMATION ACT*

Important:

This form is used to file a request for review of a privacy complaint under the Nova Scotia ***Personal Health and Information Act*** [*PHIA Act*]. Please note there is a separate Review of Privacy Complaint Form for privacy complaints under the *Freedom of Information and Protection of Privacy Act* [*FOI/POP Act*] and *Privacy Review Officer Act* [*PRO Act*].

The Nova Scotia Office of the Information and Privacy Commissioner (OIPC) cannot accept requests for reviews of privacy complaints related to the *Municipal Government Act*.



Did you file a complaint with the custodian in question? If yes, go ahead and complete this form.

The laws say that we can **only** accept your request for review if you have **completed** the custodian's internal privacy-complaint procedure. You must send us a copy of the custodian's decision. If you have not taken this step, you are not in a position to file a complaint with our office at this time, so please do not complete this form.

To assist you with filling out this form and understanding some terms that are specific to privacy laws, we have created a Glossary of Terms. This glossary can be accessed on our website, via this link: [PHIA Access Glossary.pdf](#)



Privacy Notice: In order to conduct an investigation, we must share your personal information with the relevant custodian for investigation purposes only

Check this box to indicate that you have read this privacy notice and you agree that we can share your personal information with the relevant custodian for investigation purposes only.

Please note that if the collection, use or disclosure of your personal health information by the custodian involves the points listed below, it **may not** be a privacy breach. This list is not exhaustive.

- Collection of personal health information that is authorized by law
- Disclosures with consent
- Authorized use by employees
- Disclosures necessary for the provision of healthcare
- Disclosures required by law
- Limited disclosures to family or close relations
- Information used for quality assurance and research
- Disclosures necessary for public interest or safety



Remedies: Please be advised that we might not have **all** the remedies that you seek in our law.

What we **cannot** do:

What we **can** do:

We cannot force anyone to be disciplined, suspended or fired from their job.	We can review how custodians respond to privacy complaints under <i>PRO</i> and <i>PHIA</i> Acts.
We cannot issue monetary awards, fines or penalties.	We may enter and inspect any premises occupied by a custodian.
We cannot enforce the offence and penalty provisions of <i>PHIA</i> .	We may informally resolve or mediate complaints, or issue reports with findings and recommendations.
We cannot draft or change laws.	We may develop education resources and provide privacy training to custodians.

This list is not exhaustive, for a complete list, please refer to the *PHIA* Act or click on this link: [What the OIPC can and cannot do.pdf](#)

Today's Date

Your Contact Information:

Full Name

Address

City/Town/Community

Province

Postal Code

Preferred Contact Number

Alternate Contact Number

Email Address

Custodian Information:

Name of the custodian the complaint relates to

Full address of custodian

Contact information of custodian (phone and email)

Custodian contact person (name and position title, if known)

Representative Information (fill this section out **only** if you will be represented by someone other than yourself).

I authorize the following person to act on my behalf to receive any personal information pertaining to me, as necessary for the purposes of this request for review of a privacy complaint. I understand that the Information and Privacy Commissioner's staff will then deal with that person directly and not myself.

Representative Name

Address

City/Town/Community

Province

Postal Code

Preferred Contact Number

Alternate Contact Number

Email Address

Detailed Description of the alleged privacy breach:

Include information about how the custodian collected, used, or disclosed your personal information inappropriately.

Describe in detail the specific actions or events you believe constitute a violation of your privacy.

How and when did you become aware of the incident?

Parties Involved:

Please list all individuals, departments, or organizations you believe were involved in the incident:

What specific personal information was involved?

Identify the type of personal information that was mishandled (e.g., name, address, financial details).

Why do you believe the collection, use, or disclosure of your information was unauthorised?

What is the impact of the incident?

Describe (if any) the impact of this incident on you (emotional, financial, or social).

Have you taken any steps to mitigate the impact of the incident?

Yes / No

If yes, please explain the actions you have taken.

Prior actions taken:

Have you filed a privacy complaint with the custodian?

Yes / No

If yes, attach a copy of your complaint and provide a summary of the details of your complaint (date submitted, method used, response received).

Have you received any response from the custodian?

Yes / No

If yes, attach a copy of the response and provide a summary of the response.

What actions, if any, has the custodian taken to address your complaint?

Desired Outcome:

What specific outcome are you seeking from this review of your privacy complaint?

Are there any specific remedies you believe would resolve the issue?

Additional Context:

Provide any further information that may help us better understand the situation.

Are there any documents, records, or evidence that support your complaint?

Yes / No

If yes, attach them to this form and please describe.

Required Attachments:

Please attach the following (if applicable) and check the box beside each document you provide:

A copy of your privacy complaint filed with the custodian.

A copy of the custodian's response to your complaint (if none, please explain).

Documentation proving your authority if you are a representative signing on behalf of the applicant.

Any other relevant documents, such as emails or letters, that support your complaint.

Signature

Signature of Applicant

Submit your completed form to the Office of the Information and Privacy Commissioner for Nova Scotia:

Email: oipecns@novascotia.ca

Fax: 1- 902- 424-8303

Mail: PO Box 181, Halifax, NS B3J 2M4

If you have questions about completing this form, please call:

1-902 -424-4684 or No Charge: 1-866-243-1564

Thank you for completing this form. Your responses are important, and we will review your complaint as soon as possible.