Office of the Information and Privacy Commissioner for Nova Scotia

PRIVACY COMPLAINT FORM

Complaint under the Personal Health Information Act [PHIA]

IMPORTANT: Before filing a Privacy Complaint with the Information and Privacy Commissioner, you **must** have completed the internal complaint policy of the Custodian.

Your Information:

Name

Address

City

Province

Postal Code

Preferred Contact Number

Alternate Contact Number

Representative Information (Complete only if you will be represented.)

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

Relationship to Representative

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

Name

Address

City

Province

Postal Code

Preferred Contact Number

Alternate Contact Number

Custodian Information:

Name of Custodian Complaint Relates to:

Address

City

Province

Postal Code

Telephone

Details of Privacy Complaint

I have reason to believe that one or more of the following has occurred:

- ☐ The Custodian has inappropriately collected my personal information.
- ☐ The Custodian has inappropriately disclosed my personal health information.
- ☐ The Custodian has inappropriately used my personal information.
- ☐ The Custodian did not provide me with a record of user activity.
- ☐ The Custodian charged me a fee to obtain a record of user activity.
- ☐ It has been more than 60 days since I filed my complaint and I have not received a decision.

☐ Other:

Details of Privacy Complaint (cont'd)

Provide the specifics of your complaint here.

What resolution or remedy are you seeking?

Attach additional pages as required

The following **must** be attached to this form or it may be rejected and returned to you:

- ☐ Copy of your Privacy Complaint filed with the Custodian; and
- ☐ Copy of response letter from Custodian to your complaint (if none, please explain); and
- ☐ Copy of documentation proving your authority IF you are a representative signing this form on behalf of the Applicant.

OR

- ☐ Copy of the Custodian's privacy breach notification letter; and
- ☐ Copy of documentation proving your authority IF you are a representative signing this form on behalf of the Applicant.

NOTE: Under the Personal health Information Act s. 93(4), the Information and Privacy Commissioner's staff is required to provide a copy of your completed form to the custodian of the personal health information referenced in your Request for Review. If you have concerns about this requirement, please make them known to the OIPC staff when you file this Request for Review.

It may be necessary for the OIPC staff to access your personal health information as part of our investigation of your privacy complaint. We will only access your personal health information to the extent necessary in conducting this review. Any information accessed will be held in the strictest confidence. If you have any questions or concerns about this please make them known to the OIPC staff when you file this Request for Review.

☐ **By checking this box I confirm that all the information contained in this Form and attachment(s) is accurate to the best of my knowledge and I confirm that I have read the above note.**

Signature

Signature of Applicant or Authorised Representative: Date:

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

PO Box 181
Halifax, NS B3J 2M4

Fax: (902) 424-8303
Email:oipcns@novascotia.ca

If you have questions about completing this form, please call us:
(902) 424-4684 or No Charge-Dial: 1-866-243-1564