



Client Access/Correction Complaint Form

Complaint under the *Personal Health Information Protection Act (PHIPA)*

A person or organization that has custody or control of personal health information for the purpose of providing health care is referred to as a “health information custodian” under the *Act*.

Your complaint should be sent to the attention of CHEO-OCTC, Privacy Officer at privacy@cheo.on.ca or by calling 613.737.7600 ext 2203.

Your Information

Mr. Mrs. Ms Miss

Surname

Given Name

Initial

Street Address

City

Province

Postal Code

Telephone # (daytime)

Telephone # (evening)

Email Address*

* I consent to being contacted at this email address or through that of my representative on my behalf. I acknowledge that sending email over the internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.

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

I authorize the following to act on my behalf and to receive any personal health information pertaining to me, as necessary for the purposes of this complaint.

Representative is a: Lawyer Agent

Mr. Mrs. Ms Miss

Surname

Given Name

Initial

Name of Agency, Company, Association or Organization

Street Address

City

Province

Postal Code

Telephone Number (daytime)

(evening)

Email Address

Health Information Custodian Information

Name of Health Information Custodian this complaint relates to \

Street Address

City

Province

Postal Code

Telephone Number

Consent to Process Your Complaint

I consent for CHEO-OCTC's Privacy Officer to inspect a record of, require evidence of, or inquire into, my personal health information as it pertains to the processing of my complaint.

Attachments

The following documents have been attached (if available):

- Copy of the request.
- Copy of the health information custodian's decision letter.

Details of the Access/Correction Complaint

Please select the box(es) that explain why the complaint is being made.

- Deemed Refusal** – it is more than 30 days since I made my request and I have not received a decision.
- Expedited Access** – The health information custodian refused my request to process my access request on an urgent basis in less than 30 days.
- Exemptions** – The health information custodian has exempted all or part of the requested records and I believe that more of them should be disclosed.
- Interim Decision** – Because of the number of records at issue, the health information custodian reviewed a sample of the records or consulted an experienced employee, advised me of the exemptions that might apply, and provided me with a fee estimate. I disagree with the amount of the fee estimate.
- Fee/Fee Estimate** – The health information custodian sent me an access decision that included a fee or fee estimate that I feel is excessive.
- Fee Waiver** – The health information custodian has refused to grant my request to waive the fees.
- Reasonable Search** – The health information custodian indicated that some or all of the requested records do not exist and I believe that more records do exist.
- Time Extension** – The health information custodian decided to extend the time limit for responding to my request, and I disagree.
- Failure to Disclose Records** – The health information custodian decided to grant access to requested records but I have not received them.
- No Jurisdiction** – The health information custodian indicated that the requested records are excluded from the Act and I disagree.
- Frivolous or Vexatious** – The health information custodian indicated my request is frivolous or vexatious and I disagree.
- Refusal to Confirm or Deny** – The health information custodian has refused to confirm or deny the existence of the requested records.
- Correction** – The health information custodian has refused to me corrections to my personal health information.
- Other** – Please explain: [Click here to enter text.](#)

Resolution of Complaint

Please describe what, if anything, you have done to try to resolve your complaint.

Please explain how your complaint could be resolved.

Information about the health Complaint process

For more information about the process of CHEO-OCTC, please contact our Privacy Officer at 613.737.7600 ext 2203 or visit our website at www.octc.ca.

Where to send this form

Mail this completed form to:

Privacy Officer
CHEO-OCTC
401 Smyth Road Ottawa, ON K1H 8L1
Email: privacy@cheo.on.ca

Signature

Your Signature: _____ **Date:** _____