



Client Collection, Use and Disclosure 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's 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.

Details of Complaint

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

- The health information custodian has inappropriately collected my personal information.
- The health information custodian has inappropriately disclosed my personal health information.
- The health information custodian has inappropriately used my personal information.
- The health information custodian has inappropriately disposed of my personal information.
- Other – please explain

Details of Complaint (cont'd)

Please provide detailed description of your complaint covering the *what, when, who, how, where* and *why* of what happened.

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:** _____