



# (HIPMA) Complaint Form

For Use for Complaints under the Health Information  
Privacy and Management Act

| PART 1 – Your Contact Information |   |
|-----------------------------------|---|
| First Name                        | Last Name   |
| Address                           | Phone number<br><br>Ok to leave a message? <input type="checkbox"/> |
| Email address:                    |   |

Please complete the applicable section. Details on how to complete this form are found on page 3. If you are not sure which applies to your situation, call the Office of the Information and Privacy Commissioner for assistance. This form is to submit complaints related to the [Health Information Privacy and Management Act](#) (HIPMA).

| PART 2 - Access to Information Complaint  |                   |
|---|-------------------|
| Custodian:  | Access Request #: |
| <input type="checkbox"/> <b>No Response:</b> It has been more than 30 days since the custodian received my request for access to records and there has been no response.  |                   |
| <input type="checkbox"/> <b>Time Extension:</b> I received notice from the custodian that the response due date has been extended. I dispute the need for an extension of time for responding to my access request. |                   |
| <input type="checkbox"/> <b>Refused Access:</b> The custodian refused access to all or part of the records requested. I dispute the decision to withhold information that I requested.                              |                   |
| <input type="checkbox"/> <b>Fee:</b> I dispute the fee a custodian has charged for access to my personal health information.  |                   |
| <input type="checkbox"/> <b>Search for Records:</b> The custodian failed to identify all the records believed to exist related to my access request.  |                   |
| <input type="checkbox"/> <b>Other (please specify):</b>   |                   |

| PART 3 - Correction of your Personal Health Information   |  |
|---|--|
| Custodian:  |  |
| <input type="checkbox"/> <b>No Reply:</b> I did not receive a response regarding my correction request.                                       |  |
| <input type="checkbox"/> <b>Correction Denied:</b> My request for correction or annotation of my personal health information has been denied. |  |
| <input type="checkbox"/> <b>Other:</b> My complaint is of a different nature than the options provided above (please specify):                |  |

## PART 4 - Privacy Complaint

### Custodian:

- Collection:** My personal health information has been collected by the custodian contrary to Yukon's privacy laws.
- Use:** My personal health information has been used by the custodian contrary to Yukon's privacy laws.
- Disclosure:** My personal health information has been disclosed contrary to Yukon's privacy laws.
- Breach:** A privacy breach occurred involving my personal health information.

**Provide the facts or details that support your complaint that your personal health information has been collected, used, disclosed, breached, or other, in contravention of Yukon's access and privacy laws.** (*Details about your privacy complaint will be provided to the custodian*)

### Please attach the relevant documents to support your complaint.

- ✓ A copy of the request for access to records that you made to the custodian (access, correction)
- ✓ A copy of the letter you received from the custodian in response to your request (response to access/correction request).

## PART 5 – Your Signature

**Signature** (*typing your name confirms your acceptance*)

**Date**

The personal information collected on this form will be used and disclosed by the Office of the Information and Privacy Commissioner (OIPC) for the purpose of conducting an investigation into your complaint and may be used for evaluating performance of the OIPC. For information about this collection, please contact the intake officer with the Office of the Information and Privacy Commissioner at 3162 Third Avenue, Main Floor, Whitehorse Yukon Y1A 1G3, or 867-667-8468, toll free 1-800-661-0408 Ext 8468.

# Do not include this sheet with your Complaint Form

## Instructions to complete and submit the HIPMA Complaint form:

### PART 1 – Your Contact Information

- **First and Last name** (required): we will not share your name with anyone outside of our office unless you consent.
- **Address:** please include your City and Postal Code.
- **Phone number(s)** include the preferred number for use to call you on. “Ok to leave message” We will not leave details about our interaction, but we will identify who we are, who we are leaving the message for, and ask for a returned call.
- **Email address:** email communication is not secure. We will only communicate by email when it does not contain sensitive information.

### PART 2 – Access to Information Complaint (complete only if applicable)

- **Custodian:** please list the custodian subject to the Access Request.
- **Access Request #:** please include the Access Request Number associated with your request.
- **Complaint Type:** check the appropriate complaint type(s) from the list.

### PART 3 – Correction of your personal health information (complete only if applicable)

If you have requested a correction to your personal health information and have a complaint related to your request, complete this section.

- **Custodian:** please list the custodian to whom you made your correction request.
- **Complaint Type:** check the appropriate complaint type(s) from the list.

### PART 4 – Privacy Complaint (complete only if applicable)

Complete this section if you believe your personal health information has been improperly collected, used, disclosed or breached.

- **Custodian:** please list the custodian about whom you wish to file a complaint.
- **Complaint Type:** check all that apply.
- **Relevant Details:** please include any relevant documents to support your application. If you require more room attach a separate sheet.

### PART 5 – Signature and Date

Please sign and date this form and return to our office. Details on how to submit your completed form below.

## Return this Completed Form

**Electronically:** Submit securely via the Secure File Link sent to you when requesting this form. If you did not receive a link or downloaded this form directly from our website, please contact our office via phone or email. Please do not include any sensitive information by regular email as it is not a secure form of communication.

**Paper Copy:** Please print and sign the completed form and mail it to us or drop it off to our office during office hours.

Yukon Information and Privacy Commissioner

3162 Third Avenue, Main floor

Whitehorse, YT Y1A 1G3

Tel: 867-667-8468 - Toll Free 1-800-661-0408 Ext.8468

Email: [intake@yukonombudsman.ca](mailto:intake@yukonombudsman.ca)