Yukon Information and Privacy Commissioner

Complaint Form (HIPMA)

for use under the
Health Information Privacy and Management Act

Contact information

First name | Last name | Pronouns (--------)

We will not share your name outside our office unless you give consent.

Number | Street | City or town | Province/Territory (--) | Postal code

Phone number | Email address *Only used for non-sensitive information.*

May we leave a non-detailed voicemail with our office, name, and phone number? Yes ☐ No ☐

Complaint type

If you are unsure of which type of complaint applies to your situation, contact our office for assistance.

Select ONE of the following three options:

☐ Option 1: Access to information complaint

Custodian: | Access request #:

Complaint type: (check the appropriate type(s) from the list below)

- ☐ **No Response s.26(5):** It has been more than 30 days since the custodian received my request to access records and there has been no response.
- ☐ **Time Extension s.26(2):** I dispute the custodian's time extension for responding to my access request.
- ☐ **Refused Access Request s.27:** I dispute the custodian's refusal to grant me access to all or part of the records requested.
- ☐ **Fee s.24(2):** I dispute the custodian's fee for processing my access request for my personal health information.
- ☐ **Search for Records s.26(4):** I dispute that the custodian identified all records related to my access request.
- ☐ **Other** *(please specify)*:

☐ Option 2: Correction to your personal health information (s.28)

Custodian:

- ☐ **No Reply:** I did not receive a response to my correction request.
- ☐ **Correction Denied:** My request for correction or annotation of my personal health information was denied.
- ☐ **Other** *(please specify)*:

☐ Option 3: Privacy complaint (Part 6 of the HIPMA)

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 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 your original request for access to records made to the custodian (access, correction, fee, etc.).

☐ A copy of the response letter you received from the custodian to your request (access/correction).

☐ I have read and agree to follow the Public Code of Conduct.

☐ I have read and agree to follow the Code of Procedures.

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

Privacy Policy
For details on our information practices, please consult our policy or contact our office.

How to submit this form

- Electronically: Email is not a secure method of communication so please use the following secure file link.
- In person/by mail: Print and sign the completed form and mail it to us or drop it off during office hours, Monday to Friday, 8:30am to 4:30pm.

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