



Request for Review/Privacy Complaint and Correction Form *Health Information Act (HIA)*

Please complete this Form if one of the following three situations apply:

- 1) You made an access to information request to a health Custodian under HIA and you are requesting a review concerning:
 - You have received a response, but you disagree with the information that was provided or redacted.
 - There are records you believe were not included in the response.
IMPORTANT: You should go back to the Custodian to resolve this before you come to the OIPC if this is your only issue. See instruction sheet at the end of this form under the heading of Access Requests “What if the Custodian did not find the records I was looking for?”
 - You have received no response to your request and the time limit to respond has run out to respond and/or the Custodian did not take a time extension or has exceeded a time extension it has already taken.
 - You dispute a time extension taken by the Custodian and you have not received the records you requested.
 - You dispute fees that were charged or estimated, or your request for a fee waiver was denied.
- 2) You have a privacy complaint about your own health information having been collected, used, or disclosed by a Custodian that you believe was not in compliance with HIA.

IMPORTANT: the OIPC requires you to make the complaint FIRST to the Custodian BEFORE you submit the complaint to us. This gives the Custodian a chance to respond to your concerns. If you do not do this, or demonstrate you have attempted to do this, your form will be returned to you. Tips on how to submit a privacy complaint to a Custodian are found in the instructions at the end of the form. Please **allow at least 30 business days for the Custodian to respond** after it receives your complaint.

After you attempt to resolve this matter directly with the Custodian, if you still have reason to believe the response does not comply with HIA, or you have received no response after 30 business days, you may submit your complaint to our office.

- 3) You have made a request to correct your health information and the Custodian has not responded or you disagree with the response.

IMPORTANT: A Custodian is prohibited from correcting or altering an opinion, including a professional opinion.

When making this request to the Commissioner, you have a choice to either **ask the Commissioner to review the Custodian’s decision OR submit a statement of disagreement**. For more information about a statement of disagreement under the HIA, refer to the last page of the instructions at the end of this form. If you choose to submit a statement of disagreement, do not fill in this form.

Please fill in one Form for each kind of review or privacy complaint. Do not combine issues on a single form.

For example, you want to request a review concerning an access request and you also have a privacy complaint involving one Custodian. Fill out one Form out for the access request and one Form for the privacy complaint.

Information on how to complete this Form can be found on the end of this Form. If you are not sure how to complete any part of this Form, email complaint_review@oipc.ab.ca or call the Office of the Information and Privacy Commissioner (OIPC) toll free at 1-888-878-4044 for assistance.

Section 1A – Are you requesting a review or making a complaint for yourself? If yes, please provide your contact information.

If you are requesting a review or making the complaint for someone else, proceed to Section 1B.

Your Information

Last Name:		First Name and Initial:	
Mailing Address:		Unit/Suite:	
City:	Province:	Country:	Postal Code:
Phone Number:	OK to leave a message?	☐ Yes	☐ No
Email:			

Section 1B – Are you requesting a review or making a complaint for someone else? Are you a lawyer or agent? Has an individual authorized you to act on their behalf? Are you representing a minor, have power of attorney, acting pursuant to a personal directive, are a guardian or trustee, or acting on behalf of someone who is deceased?

Yes – please fill in this section and provide documentation as requested below.

No – Skip to Section 2

Last Name:		First Name and Initial:	
Organization:			
Mailing Address:		Unit/Suite:	
City:	Province:	Country:	Postal Code:
Phone Number:	OK to leave a message?	☐ Yes	☐ No
Email:			

Please tick applicable box below. Be prepared to provide documentation to support your authority after you submit this form.

- ☐ The person is deceased and I am the personal representative and the review or complaint relates to the administration of the estate.
- ☐ The person is deceased and I am the individual's nearest relative as defined in the *Personal Directives Act*, and the exercise of the right or power is for the purpose of processing an insurance claim.
- ☐ I am a guardian or trustee under the *Adult Guardianship and Trusteeship Act* and this review or complaint relates to the exercise of the right or powers as it relates to my duties.
- ☐ I am an agent under a personal directive under the *Personal Directives Act* and the directive authorizes me to request the review or make the complaint.
- ☐ I have power of attorney granted by the individual, and the exercise of the right or power is related to those conferred on me as the power of attorney.
- ☐ I am the individual's nearest relative as defined in the *Mental Health Act* and the exercise of the right or power is necessary to carry out the obligations of the nearest relative under that Act.
- ☐ The individual is a minor, and I am the guardian of the minor.
Age of minor
- ☐ I have written authorization from the individual to act on their behalf. Click [here](#) for an authorization form or attach documentation to support your authority.

Person you are acting on behalf of

Last Name:

First Name:

Section 2 – What do you want reviewed concerning your access request or your privacy or correction complaint?

Please identify the name and contact information of the Custodian.

Custodian Name:

Address:

Name of Contact Person:

Phone:

File Number (if applicable):

On the next two pages, please identify the issue that you want reviewed.

Access to Information

I made an access to information request:

- ☐ No Response: The time limit for responding to my request has expired and I have received no reply.
Attach access request - mandatory or
☐ I do not have a copy of the access request.
- ☐ Time Extension: I received notice from the Custodian that the response due date for my request has been extended. I dispute the need for the extension.
I have **not** received any records.
I have received records.
Attach access request.
Attach notice from the Custodian regarding the time extension - mandatory.
- ☐ Search: The search conducted for records was not adequate or failed to locate records believed to exist.
Attach access request.
Attach any documentation if the scope of the original access request changed and was agreed upon, if applicable.
Attach the response from the Custodian regarding the access request - mandatory.
I have asked the Custodian to try to resolve the search issue and this issue is not resolved.
If yes, attach the documentation.
I have not asked the Custodian to resolve the search for the following reason (750-character limit)
- ☐ Fees: I received notice that fees apply. I question how the fees have been calculated.
Attach fee estimate - mandatory.
- ☐ Fee Waiver: I requested a fee waiver and have been denied. I dispute this decision.
Attach your fee waiver request.
Attach the response from the Custodian - mandatory.
- ☐ Refused Access: I have been refused access to all or part of the records requested. I dispute the decision to withhold information that I requested.
Attach access request.
Attach any documentation if the scope of the original access request changed and was agreed upon, if applicable.
Attach the response from the Custodian regarding the access request - mandatory.

Privacy Complaint

Check the boxes that apply. I believe my health information has been improperly collected, used or disclosed

- ☐ **Collection:** My health information has been collected in contravention of the HIA.
- ☐ **Use:** My health information has been used in contravention of the HIA.
- ☐ **Disclosure:** My health information has been disclosed in contravention of the HIA

Please explain **briefly** (600 character space limit) the facts or details that support your complaint that your health information has been collected, used, or disclosed in contravention of HIA. Please provide a description of the health information involved and the time period you allege your health information was improperly collected, used or disclosed. If this space is not sufficient, you may attach more information or evidence to support your complaint to a limit of 15 pages maximum.

Correction Request

I requested a correction to my health information:

- ☐ **No Response:** The time limit for responding to my request has expired (the Custodian has 30 days to respond after receiving the request unless the time to respond has been extended by the Commissioner) and I have received no reply.
Attach your request for a correction - mandatory.
- ☐ **Correction Denied:** I dispute the decision to refuse my request.
Attach your request for a correction - mandatory.
Attach the response from the Custodian - mandatory.

Section 3 - How do you think the OIPC may assist you? (1500 character limit)

If the above is not enough space, you may attach further information to this form to a maximum of 15 pages.

Section 4 – Acknowledgement

Your Signature and Statements

Before you send your Form to the OIPC, please check if you have attached the relevant documentation to support your request for review or complaint. Failure to provide the required supporting documentation will result in the OIPC returning the request or complaint and not conducting either. The OIPC will not accept a submission that is deficient or submitted in parcels. **Do NOT attach copies of the records received in response to your access request from the Custodian.**

On receiving a request for review or a complaint, the HIA requires the Commissioner to provide a copy of your completed Form and all attachments to the Custodian

I confirm by checking this box, I understand that this form and attachments will be provided to the Custodian.

I acknowledge by checking this box, that I am required to keep my contact and address information up-to-date and, if I fail to do so, this review/complaint may not proceed. If my contact information changes, I must complete a “*Change of Contact and/or Address for Service*” Form available [here](#) to update information in this section. Likewise, any person you authorize to act on your behalf must keep their contact information current.

Signature (Typing your name confirms acceptance)

Date

If you are not sure how to complete any part of this form, email complaint_review@oipc.ab.ca or call the Office of the Information and Privacy Commissioner (OIPC) during business hours at 780-422-6860 or toll free at 1-888-878-4044 for assistance.

Please submit this form and attachments to complaint_review@oipc.ab.ca account.

You may also mail this to:

Office of the Information and Privacy Commissioner
410-9925 109 Street NW
Edmonton AB T5K 2J8

www.oipc.ab.ca

Do not include this sheet with your Request for Review/Complaint Form

Instructions on how to complete and submit the HIA Request for Review/Complaint Form:

Complete Section 1A OR 1B:

Section 1A – Your Contact Information

Fill out this section if **you are the individual who made the access request for information or who has a privacy or correction complaint.**

- First and Last name: We will not share your name with anyone outside of our office unless you consent, or it is necessary as part of conducting the review or otherwise authorized by law.
- Mailing address: Please include your city and postal code.
- Phone number(s): Include the preferred number for us to call you on. Our preferred method to communicate with you about the review is by phone, therefore, please be available and return calls promptly. Otherwise, a file may not be opened or may be discontinued. If you cannot meet this requirement, you may name an agent to represent you.
- “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: Please provide this address. We will use secure email for any communications containing sensitive information.

Section 1B- If you are acting on behalf of an individual, please fill in this part.

Fill out this section if you are **submitting a review or complaint on behalf of someone else.**

If you have written authorization to act on behalf of someone, please attach it. You can use [this form](#).

You will be asked by the OIPC to provide documentation to support your ability to act on behalf of someone else under the HIA after this Form is submitted. Please have this documentation ready to provide when requested. For example, you may be asked to produce a copy of a will to demonstrate you are the personal representative, a personal directive, power of attorney, or proof of guardianship or trusteeship.

- First and Last name: We will not share your name with anyone outside of our office unless you consent, or it is necessary as part of conducting the review or otherwise authorized by law.
- Mailing address: Please include your city and postal code.
- Phone number(s): Include the preferred number for us to call you on. Our preferred method to communicate with you about the review is by phone, therefore, please be available and return calls promptly. Otherwise, a file may not be opened or may be discontinued. If you cannot meet this requirement, you may name an agent to represent you.
- “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: Please provide this address. We will use secure email for any communications containing sensitive information.

Section 2 – Issues you want reviewed

- Custodian Involved: Please identify the Custodian.
- File Number: Please include the Custodian file number associated with your request if applicable. This number is usually on any correspondence you have received from the Custodian.

What do you want reviewed?

Access Requests

- Check only the appropriate review type(s) from the list for access requests.

What if the Custodian did not find the records I was looking for? What should I do?

Answer: Our process requires you to go back to the Custodian and try and resolve this.

If you are asking for a review *solely* on the adequacy of a search, you must first ask the Custodian to address the matter, and allow them at least **30 days to respond to you**. We will return the Form to you if this has not been done. Provide the Custodian with what you believe is missing and why you believe it should have been searched. It is best to do this in writing and to keep records of these communications.

What if I don't have a copy of the access request? It is more important that you have a copy of the correspondence that you received as a response from the Custodian. However, the OIPC encourages you to contact the Custodian and ask for a copy of the access request. This assists with our ability to process the review.

When you request a review by the Commissioner, you must do so within the set time limits under HIA – HIA requires that you submit your request for review within **60 days** after you have been notified of the decision, act or failure to act of the Custodian that relates to the request.

The Commissioner is able to extend this time frame for a longer period. If you are outside the 60 days after the decision, the Commissioner may ask you for information why you could not submit your review within the 60 days.

Privacy Complaints

When you make your complaint to the Custodian, which is required before making it to the Commissioner, you may find it helpful to follow the WHAT< WHEN<HOW<WHO<WHY method to explain your circumstances:

WHAT - Identify what health information you believe was collected, used or disclosed by the Custodian in contravention of HIA.

WHEN – Identify when you think the collection, use or disclosure occurred.

HOW – Identify how you think the collection, use or disclosure occurred. For example, was an email with your health information sent to the wrong person?

WHO – Identify who you think collected, used or disclosed your health information if you have this information?

WHY – Identify why you believe the collection, use or disclosure of your health information was in contravention of HIA.

It would also be useful to provide information or evidence to support that the collection, use or disclosure of your health information occurred contrary to HIA.

When trying to resolve your complaint with the Custodian, you should write down names of people you speak with, when you spoke to them and what they said.

Correction Requests

See the next page for additional information.

Section 3 - How do you think the OIPC may assist you?

It is important to know what the OIPC may do and what it cannot do for you. You may reconsider submitting the Form if you are expecting the OIPC to do something that it is unable to do.

What the OIPC Cannot Do:

We cannot issue monetary awards, and we do not issue fines if we find that your request for review was valid.

We cannot force anyone to be disciplined, suspended or fired from their job. Decisions related to job discipline are made by the employer. We cannot change those decisions.

We cannot change a decision made by another body or administrative tribunal about providing a benefit or issuing a penalty, such as decisions made by the Workers' Compensation Board, Assured Income for the Severely Handicapped (AISH), Ombudsman, Maintenance Enforcement, and so on.

We are not an advocate. We cannot represent you in your request for review. We also do not represent the Custodian.

Section 4 – Acknowledgement

Provide a completed single submission with all required attachments

You must provide a completed Request for Review/Complaint Form and all supporting documents in one submission. Otherwise, the submission(s) will be returned or any information you submit after you provide the Form may not be accepted.

Please only provide the information that we initially ask for.

Do not send a large amount of materials, as this will delay processing, cause uncertainty in understanding your concerns, and may result in your request for review or privacy complaint being returned.

Typically, **submissions should not exceed 15 pages** including the Form and all attachments. We enforce this page limit. Your comments and attachments must be relevant to your request for review or complaint and to what our office does. If we require more information from you, we will ask for it.

If you submit an extremely large number of documents or if it is not clear that the information you provided falls within our area to review, your submission will not proceed to a review and you will be asked to re-submit.

Ensure contact information is up to date. You or the person who you authorized to act on your behalf must keep this contact information up to date. If this does not occur, your review may not proceed.

Information about Correction Requests and How to file a Statement of Disagreement

A Custodian is prohibited from correcting or altering an opinion, including a professional opinion. If the requested correction is refused by the Custodian, an annotation is usually made that a request was made and refused. If the information you want corrected is an opinion, it is unlikely your review will be successful.

You have a **choice** to either **ask the Commissioner to review the Custodian's decision OR submit a statement of disagreement.**

To submit a statement of disagreement, you can provide the Custodian with a written statement of 500 words or less about the requested correction or amendment and your reasons for disagreeing with the decision of the Custodian. You must do this within 30 days of receiving the notice from the Custodian about a refusal to correct your health information OR you can ask the Commissioner to extend this time to submit the statement under section 15(3) of the HIA. On receiving a statement of disagreement, a Custodian is required under section 14(3) to:

- (a) if reasonably practicable, attach the statement to the record that is the subject of the requested correction or amendment, and
- (b) provide a copy of the statement of disagreement to any person to whom the Custodian has disclosed the record in the year preceding the applicant's request for correction or amendment.