

PRIVACY COMPLAINT FORM

Personal Health Information Protection Act, 2004 (PHIPA)

CONTACT INFORMATION:

First Name:

Last Name:

Address:

City:

Province:

Postal Code:

Telephone:

Email:

DESCRIPTION:

Please provide a detailed description of your privacy complaint. If you need additional space, please attach as many pages as necessary.

Signature:

Date:

Please submit your form by mail or email to:

The Regional Municipality of York
Community and Health Services Program Manager –
Information Management Access and Privacy
17150 Yonge Street - 6th Floor Newmarket, ON L3Y 8V3
chsprivacy@york.ca 1-877-464-9675 Ext. 73007

