

QUESTIONNAIRE FOR A PRIVACY COMPLAINT TO MANITOBA OMBUDSMAN UNDER *THE PERSONAL HEALTH INFORMATION ACT (PHIA)*

Please answer the following questions about your privacy complaint. If you need more space for your responses, attach another page. Send this questionnaire to Manitoba Ombudsman.

Manitoba Ombudsman
750 – 500 Portage Avenue
Winnipeg, Manitoba R3C 3X1
Phone: (204) 982-9130 Toll free 1-800-665-0531
Fax: (204) 942-7803
Web site: www.ombudsman.mb.ca

COMPLAINT ABOUT THE COLLECTION OF YOUR PERSONAL HEALTH INFORMATION

This complaint relates to the collection of recorded personal health information about you by a trustee. Trustees include: health professionals such as doctors, dentists, physiotherapists and chiropractors; health care facilities such as hospitals, personal care homes and medical clinics; health services agencies; public bodies under *The Freedom of Information and Protection of Privacy Act (FIPPA)*, such as provincial government departments and agencies, local government bodies (such as the City of Winnipeg, municipalities, local government districts, planning and conservation districts), educational bodies (school divisions, universities and colleges) and health care bodies (such as regional health authorities).

- 1. What is the name of the trustee that your complaint is against and their telephone number and address?**

- 2. Provide a description of your personal health information that was collected by that trustee. If you have a copy of the information, please attach it.**

- 3. Describe how your personal health information was collected by the trustee.**

4. Was your personal health information collected from you? If not, who did the trustee collect the information from (please provide the name of the person or organization)?

5. What is the date or time frame that your personal health information was collected by the trustee?

6. Explain why you believe that the collection was a breach of your privacy.

7. Describe any actions you have taken to resolve your privacy concern with the trustee. Include the names of any staff you have spoken to about your privacy concern. Please attach any correspondence you had with the trustee about your privacy concern.

Your Name: _____ Daytime Telephone Number: _____

Mailing Address: _____
