



Personal Health Information Act (PHIA)
PHIA ACCESS Complaint Form

A complaint to Manitoba Ombudsman under PHIA must be made in writing. Use this form if you are making a complaint about the way a trustee has handled your request for access to your personal health information. Or you may write a letter or email to the ombudsman with details about your complaint.

Please send this form to Manitoba Ombudsman in one of the following ways:

- Email: ombudsman@ombudsman.mb.ca
- Mail: 750-500 Portage Avenue, Winnipeg MB, R3C 3X1
- Fax: 204-942-7803

INTERNAL OFFICE USE ONLY
 Date received:

If you have questions or require assistance, please contact us at 204-982-9130, 1-800-665-0531 (toll free in Manitoba) or ombudsman@ombudsman.mb.ca. More information is available at www.ombudsman.mb.ca

YOUR INFORMATION

Name:

Mailing address:

Please indicate the best way(s) to contact you if we need more information or have questions about your complaint:

Telephone number(s):

Email address:

Are there any restrictions on contacting you? For example, are there certain days of the week or times of day that you are available? (Note that our office hours are Monday to Friday, from 8:30 a.m. to 4:30 p.m.)

YOUR REQUEST FOR ACCESS TO YOUR PERSONAL HEALTH INFORMATION

Name of the trustee* you are complaining about:

Address and phone number of the trustee, if known:

*Trustee means a health professional, health-care facility, public body, or health services agency

YOUR COMPLAINT

In describing your complaint, please select *one* of the following:

No response. I have not received an access decision from the trustee about my request for information.

My request was made: (select one) verbally in writing

(describe the personal health information you requested or attach a copy of your written request, if available)

Fees. I have been advised that a fee applies. I dispute the amount of the fee.

Complaint about the response. I am complaining about the access decision I received. My complaint is about:

The personal health information that was made available for examination, or the copies I was provided.

I was notified the information does not exist or cannot be found.

I was refused access to all or part of my personal health information under subsection 11(1).

I was notified that the trustee disregarded my request under subsection 11.1(1).

Other:

Please provide any additional information you would like our office to know about your complaint:

Please describe any actions you have taken to resolve this matter with the trustee:

REPRESENTATIVE INFORMATION: Complete this section only if you want another person to represent you. If you name a representative, we will communicate with this person about your complaint. I authorize the following person to act on my behalf and to receive any personal information about me, as necessary for the purposes of this complaint:

Name:

Please indicate the best way(s) to contact your representative:

Telephone number(s):

Email address:

Please include the following information when making your complaint to our office:

A copy of your PHIA access request to the trustee, if the request was made in writing

A copy of any written correspondence or access decision issued by the trustee in response to your PHIA access request

By submitting this form, I believe that, to the best of my knowledge, the information I have provided is true and accurate. I also understand that Manitoba Ombudsman may provide a copy of my complaint to the trustee I am making my complaint about.

Your signature:

Date: