

## **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](http://www.ombudsman.mb.ca)

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### **COMPLAINT ABOUT THE DISCLOSURE OF YOUR PERSONAL HEALTH INFORMATION**

This complaint relates to a trustee's disclosure of recorded personal health information about you to a third party. 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 disclosed by that trustee. If you have a copy of the information, please attach it.**
  
  
  
  
  
  
  
  
  
  
- 3. Describe how your personal health information was disclosed by the trustee.**

4. What is the name of the person or organization to whom the trustee disclosed your personal health information?
  
  
  
  
  
  
  
  
  
  
5. What is the date or time frame that your personal health information was disclosed by the trustee?
  
  
  
  
  
  
  
  
  
  
6. Explain why you believe that the disclosure 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.

<p>Your Name: _____ Daytime Telephone Number: _____</p> <p>Mailing Address: _____</p> <p>_____</p>
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