

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 covering the what, when, who how, where and why of what happened. If you need additional space, please attach as many pages as necessary.		
Signature:	Date:	

Please submit your form to:

The Regional Municipality of York - Community and Health Services
Program Manager – Information Management Access and Privacy
520 Cane Parkway
Newmarket, ON L3Y 8T5
chsprivacy@york.ca
1-877-464-9675 ext. 73007

ALERT - During the COVID-19 Pandemic, complaints may be submitted by mail or email to the above noted addresses. During this time we will not be accepting any in-person

