

Privacy Complaint Form



INFORMATION AND INSTRUCTIONS

Once completed, please send your privacy complaint to:

Privacy Officer, c/o DoctorCare Inc., 358 Dufferin St., Suite 301, Toronto, ON, M6K 1Z8

PATIENT INFORMATION

FIRST NAME	LAST NAME	INITIALS
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE		

REPRESENTATIVE INFORMATION (complete only if you are acting on behalf of a patient)

FIRST NAME	LAST NAME	INITIALS
MAILING ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE		

REPRESENTATIVE IS A:

- Spouse Legal Representative
 Parent Child Other (Specify): _____

DETAILS OF THE COMPLAINT

I have reason to believe that one or more of the following has occurred:

- DoctorCare has inappropriately collected my personal health information.
- DoctorCare has inappropriately disclosed my personal health information.
- DoctorCare has inappropriately used my personal health information.
- DoctorCare has inappropriately disposed of my personal health information.
- Other (please explain)

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).

SIGNATURES

SIGNATURE	DATE (DD/MM/YY)
SIGNATURE OF REPRESENTATIVE	DATE (DD/MM/YY)