

Personal Health Information Act Complaint Form

This form is provided to you to allow you to provide all information related to your complaint.

1. PATIENT NAME AND CONTACT INFORMATION (please print clearly)

Last Name	First Name	Middle initial
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Mailing address

Daytime telephone number

E-mail address (only required if you wish to be contacted by e-mail)

How do you wish to be contacted? Please check one Phone Regular mail E-mail

If you are making the complaint on behalf of someone else, please provide your name and contact information:

Last Name	First Name	Middle initial
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Relationship to patient

Mailing address

Daytime telephone number

E-mail address (only required if you wish to be contacted by e-mail)

How do you wish to be contacted? Please check one Phone Regular mail E-mail

You must attach a copy of the document authorizing you to make the complaint.

Example: written consent of the individual, guardianship documents.

2. DETAILS OF THE COMPLAINT

Please provide as much information as you can about the complaint you are making.

Please include details of the incident(s) leading to your complaint, the name of any individuals who are involved in the incident(s), the date when the incident(s) occurred, and any information about your efforts to attempt to resolve this complaint outside of this complaint process (e.g. informal discussions with someone involved in the incident). **Please attach any documents relevant to the complaint**

3. RESOLVING THE COMPLAINT

What do you think should happen to resolve your complaint?

4. CONSENT AND SIGNATURE

In order to fully investigate your complaint, we will need to review your personal health information relevant to your complaint. Please check and initial your response.

___ I consent to the Saint Mary's Student Health Clinic reviewing my personal health information in order to fully investigate my complaint

___ I **do not** consent to the Saint Mary's Student Health Clinic reviewing my personal health information in order to fully investigate my complaint

We may also need to discuss the facts presented on this form and any other information related to the complaint with individuals in our organization. **We would only disclose information relevant to the complaint.**

___ I consent to the Saint Mary's Student Health Clinic discussing the facts presented on this form and any other information related to the complaint with individuals in [name of custodian]. I understand that [name of custodian] will only disclose information relevant to my complaint.

___ I **do not** consent to the Saint Mary's Student Health Clinic discussing the facts presented on this form and any other information related to the complaint with individuals in Saint Mary's Student Health Clinic.

Please note that we may not be able to fully investigate your complaint if we do not have access to all the relevant information related to your complaint.

Signature _____
Date _____

Please deliver or mail your original form to:

Nurse Manger-Student Health Services
Saint Mary's University
923 Robie Street
Halifax, NS
B3H 3C3
Canada
Phone: 902-420-5611 or fax: 902-496-8222

If you have any questions about this form or the process for making a complaint, please contact the Nurse Manager-Student Health Services.