



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/CLIENT/RESIDENT NAME AND CONTACT INFORMATION (please print clearly)

Last Name First Name Middle initial

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

Relationship to patient/client/resident

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 Dalhousie Student Health & Wellness reviewing my personal health information to fully investigate my complaint

___ I **do not** consent to the Dalhousie Student Health & Wellness reviewing my personal health information 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 Dalhousie Student Health & Wellness discussing the facts presented on this form and any other information related to the complaint with individuals from Dalhousie Student Health & Wellness. I understand that Dalhousie Student Health & Wellness will only disclose information relevant to my complaint.

___ I **do not** consent to the Dalhousie Student Health & Wellness discussing the facts presented on this form and any other information related to the complaint with individuals from Dalhousie Student Health & Wellness

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:

**Director – Operations, Student Health & Wellness
1246 LeMarchant St, 2nd floor
Dalhousie University
Halifax, Nova Scotia B3H 4R2
Phone: 902-494-1252, Fax: 902-494-6872**

If you have any questions about this form or the process for making a complaint, please contact the Director – Operations.