

# 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. If you need additional space, please attach as many pages as necessary.		
Signature:		Date:

Please submit your form by mail or email to:

The Regional Municipality of York - Community and Health Services  
Program Manager – Information Management Access and Privacy  
17150 Yonge Street - 6th Floor  
Newmarket, ON L3Y 8V3  
[chsprivacy@york.ca](mailto: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 submissions.**

