

## PRIVACY COMPLAINT FORM

### CONTACT INFORMATION OF THE APPLICANT

First and Last Name:

Address:

City:

Province:

Postal Code:

Telephone Number:

E-mail Address:

Are you the affected individual?     Yes                       No

### REPRESENTATIVE INFORMATION (Complete only if applicable)

Representative First and Last Name:

Organization:

Address:

City:

Province:

Postal Code:

Telephone Number:

E-mail Address:

### SUMMARY OF COMPLAINT

Please check any boxes that explain why the complaint is being made:

- No Response to Access Request** – It is more than 30 days since I made an access request and I have not received a response.
- Time Extension** – The Privacy Officer decided to extend the time limit for responding to a request, and I disagree.
- Reasonable Search** – The Privacy Officer indicated that some or all of the requested records do not exist and I believe that more records do exist.
- Frivolous or Vexatious** – The Privacy Officer indicated my request is frivolous or vexatious and I disagree.
- Exemptions** – The Privacy Officer has exempted all or part of the requested records and I believe that more of them should be disclosed.
- Fee/Fee Estimate** – The Privacy Officer sent me an access decision that included a fee or fee estimate that I feel is excessive.
- Fee Waiver** – The Privacy Officer has refused to grant my request to waive the fees.
- Refusal to Confirm or Deny** – The Privacy Officer has refused to confirm or deny the existence of the requested records.
- Correction** – The Privacy Officer has refused to make corrections to my personal and or health information.
- Other** – please explain

## RESOLUTION OF COMPLAINT

Please describe how you feel your complaint could be resolved.

Signature of Applicant:

Date:

## FOR ADMINISTRATIVE USE ONLY

Received by:

Date Received:

2/2 – 2022.08.03

### IMPORTANT INFORMATION

Please submit this completed form to:

**Attention:** Privacy Officer

3sHealth

700-2002 Victoria Avenue

Regina, Saskatchewan S4P 0R7

Or email [PrivacyOfficer@3sHealth.ca](mailto:PrivacyOfficer@3sHealth.ca)

3sHealth will respond to your request within 30 days of receiving this form. If 3sHealth needs to extend the time to deal with your request, you will be notified of the new deadline and the reasons for the extension. If 3sHealth refuses to provide the requested information, you will be notified of the ground for the refusal.