***THE HEALTH INFORMATION PROTECTION ACT***

**Request for Review**

1. **APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Last Name: | First Name: |
| Name of Company or Organization (if applicable-optional) |
| Address | City | Province | Postal Code |
| Day Phone Number | Alternate Number | Fax Number | Email |
| Trustee Name: |

Choose one of the following:

[ ]  I am representing myself for the purposes of this Review. Contact me at the address provided above.

[ ]  I am already authorized to represent the Applicant for the purposes of this Review, and am signing this Request for Review on the Applicant’s behalf:

 [ ]  as proxy

[ ]  as personal attorney

[ ]  as personal guardian

[ ]  Attached is documentation proving my authority to represent the Applicant for the purposes of this Review.

My personal information is as follows:

|  |  |
| --- | --- |
| Last Name: | First Name: |
| Name of Company or Organization (if applicable-optional) |
| Address | City | Province | Postal Code |
| Day Phone Number | Alternate Number | Fax Number | Email |

1. **REASON FOR REQUEST**

[ ]  I have been refused access to all or part of the record.

[ ]  I have been notified that the record does not exist / cannot be found.

[ ]  I have not received a reply to my application, which I submitted \_\_\_\_\_ days ago.

[ ]  I disagree with the need to extend the 30-day response period.

[ ]  My correction to a personal information record was not accepted as correct/verifiable.

[ ]  I have been issued a fee estimate that I believe to be unreasonable.

[ ]  My request for a fee waiver has been refused.

[ ]  My request has been transferred to another organization and I disagree with the transfer.

[ ]  I disagree with the manner the trustee is providing access to records.

1. **DETAILS OF REQUEST**

|  |  |
| --- | --- |
| Date of Application: | Application Number: |
| Please explain what you want reviewed. You may include additional pages or documents if necessary.  |

You can send this form to the Information and Privacy Commissioner by emailing the form to webmaster@oipc.sk.ca,

Or fax the form to (306) 798-1603,

Or by letter addressed to: Information and Privacy Commissioner

 #503 – 1801 Hamilton Street

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**Note:** Individuals only have one year from the time he/she received a response from the trustee to request a review by the Commissioner.

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| --- |
| **For Office Use Only** |
| Application Number | Date Received: |