



Authorization to Act as an Agent

for a Complaint under the *Personal Health Information Protection Act*

I, _____, hereby authorize _____
Name of Person Appointing Agent Name of Agent
to act as my agent for the purpose of a complaint to the Information and Privacy
Commissioner/Ontario under the *Personal Health Information Protection Act*
against _____.
Name of Health Information Custodian

I also consent for the Information and Privacy Commissioner/Ontario to inspect a record of, re-
quire evidence of, or inquiry into, my personal health information as it pertains to the procession
of my complaint.

I further authorize the Information and Privacy Commissioner / Ontario to disclose
to _____, personal health information pertaining to me as as
Name of Agent
may be necessary for the purposes of processing and reviewing my complaint in accordance
with the *Personal Health Information and Protection Act* and for purposes of proceedings arising
from the complaint where my personal health information is or relates to a matter at issue.

I acknowledge that I may withdraw this Authorization at any time by providing written notice to
the Office of the Information and Privacy Commissioner/Ontario.

Signature of Person Appointing Agent: _____

Witness Signature: _____

Date: _____