



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 may
Name of Agent
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: _____

Agent Contact Information:

Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____