



Representative Information

Please circle one Mr. Mrs. Ms. Miss Please circle one Lawyer Agent

Surname

Given Name Initials

Name of Company or Organization

Address Unit

City Province Postal Code

Telephone Daytime Evening

Email Address*

* I consent to being contacted at this email address or through the email address of my named representative. I acknowledge that sending email over the Internet is not secure as the email can be intercepted and/or manipulated and retransmitted.



Details of the Complaint

- eCHN has inappropriately collected my child's personal health information
- eCHN has inappropriately disclosed my child's personal health information
- eCHN has inappropriately used my child's personal health information
- eCHN has inappropriately disposed of my child's personal health information
- Other – please explain:

Please provide a detailed description of your privacy complaint covering the following points:

1. what happened
2. when did the incident occur
3. who were the parties involved
4. where the incident happened

If you need additional space, please attach as many pages or documents, as necessary.



Resolution of Complaint

Please describe how your privacy complaint could be resolved.

Signature

Your Signature _____

Date _____

Please send this completed form to:

Chief Executive Officer

The electronic Child Health Network
180 Dundas Street West, Suite 2405
Toronto, Ontario
M5G 1Z8
Fax: 416 813 8294



Information about the Privacy Complaint Process

For more information about eCHN and our privacy complaint process please call our help desk at 416 813 7998 or visit our web site at www.echn.ca.

- Step 1. Concerned Individual to fill out Privacy Compliant form
- Step 2. Completed form to be sent to eCHN via mail or fax
- Step 3. eCHN will *in writing* confirm receipt of compliant within one (1) week
- Step 4. eCHN's privacy office will investigate the compliant and provide a written report to the eCHN CEO.
- Step 5. Within 60 business days – A formal letter to the concerned individual will be issued detailing recommendations and action items (as deemed necessary).

Internal Use Only

Date Received: _____

Received by whom: _____

Tracking Number Assigned: _____