



### Privacy Complaint Form

This form is provided to allow you to provide all information related to your complaint. You may also send a letter outlining your complaint to the *Northwood Privacy Officer* (see contact information below).

#### **CLIENT/RESIDENT NAME AND CONTACT INFORMATION** (please print clearly)

Last Name

First Name

Middle initial

Mailing address

Daytime telephone number

E-mail address (only required if you wish to be contacted by e-mail)

How do you wish to be contacted? Please check one

Phone

Regular mail

E-mail

**If you are making the complaint on behalf of someone else, please provide your name and contact information. You must also attach a copy of the document authorizing you to make the complaint** (Example: written consent of the individual, guardianship documents)

Last Name

First Name

Middle initial

Relationship to patient/client/resident

Mailing address

Daytime telephone number

E-mail address (only required if you wish to be contacted by e-mail)

How do you wish to be contacted? Please check one

Phone

Regular mail

E-mail

#### **DETAILS OF THE COMPLAINT**

**Please provide as much information as you can about the complaint you are making.** Please include details of the incident(s) leading to your complaint, the name of any individuals who are involved in the incident(s), the date when the incident(s) occurred, and any information about your efforts to attempt to resolve this complaint outside of this complaint process (e.g. informal discussions with someone involved in the incident).

**Please attach any documents relevant to the complaint.**

## RESOLVING THE COMPLAINT

What do you think should happen to resolve your complaint?

## CONSENT AND SIGNATURE

**In order to fully investigate your complaint, we need to review your personal health information relevant to your complaint. Please check and initial your response.**

I consent to Northwood reviewing my personal health information in order to fully investigate my complaint.

I **do not** consent to Northwood reviewing my personal health information in order to fully investigate my complaint.

We may also need to discuss the facts presented on this form and any other information related to the complaint with individuals in our organization. **We would only disclose information relevant to the complaint.**

I consent to Northwood discussing the facts presented on this form and any other information related to the complaint with individuals at Northwood. I understand that Northwood will only disclose information relevant to my complaint.

I do not consent to the Northwood discussing the facts presented on this form and any other information related to the complaint with individuals in Northwood.

Please note that we may not be able to fully investigate your complaint if we do not have access to all the relevant information related to your complaint.

**Signature**

**Date**

**Please deliver or mail your original form to:**

**Privacy Officer  
Northwood Group of Companies  
130 Eileen Stubbs Avenue  
Suite 1 South  
Dartmouth, NS B3B 2C4  
Phone: 902-454-8311  
Fax: 902-454-3422**

If you have any questions about this form or the process for making a complaint, please contact the Northwood Privacy Officer above.