Privacy Officer:
Chris Collier, Director of Administration
Cancer Care Nova Scotia
Room 505, Bethune Bldg.
QEII Health Sciences Centre – VG Site
1278 Tower Rd.
Halifax, NS B3H 2Y9

Telephone: (902) 473-2933
Fax: (902) 473-4982

Privacy Complaint Form

Complete this form to make a complaint about how your personal information is dealt with by *Cancer Care Nova Scotia*.

Give as much information as possible about your complaint as far as it concerns you. Add more pages if you need more space to complete this form. If you are not sure about anything, please contact our Privacy Officer at (902) 473-2933 or by email the Privacy Officer at Chris.Collier@ccns.nshealth.ca.

COMPLAINANT'S FULL NAME

_____

LAST NAME *FIRST NAME* *MIDDLE INITIAL*

How would you like us to contact you?

(Please only give the information that you would like us to use to contact you)

By Mail:

MAILING ADDRESS: _____

_____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

By Phone, fax, and/or email:

CONTACT PHONE NO: (___)_____ ☐ HOME ☐ WORK ☐ CELL ☐ PAGER (#:_____)

ALTERNATE PHONE NO: (___)_____ ☐ HOME ☐ WORK ☐ CELL ☐ PAGER (#:_____)

FAX NO: (___)_____ EMAIL ADDRESS: _____

(Provide only if you prefer to receive communication by email)

Details of your privacy complaint:

Please provide a detailed description of the privacy complaint, include:

1. what the complaint is about,
2. when the situation occurred,
3. who was involved,
4. how the situation happened,
5. where the situation happened, and
6. why you are concerned.

_____
_____
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If you have had any previous contact with the Program about this complaint, please provide details including copies of any letters or emails.

_____
_____
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_____

Information about the Privacy Complaint Process

For more information about the *Cancer Care Nova Scotia* 's processes, please contact our office at (902) 473-4645 or visit our web site at www.**cancercare**.ns.ca.

_____ _____

Your Signature Date

(Signature of person submitting form or staff member recording the complaint.)

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