



# Request the Information & Privacy Commissioner to Investigate/Review Health Information Act (HIA)

Mail to: **Information & Privacy Commissioner of the NWT**  
**PO BOX 382**  
**Yellowknife, NT X1A 2N3**

Email to: [admin@atipp-nt.ca](mailto:admin@atipp-nt.ca)  
 Fax to: (867) 920 - 2511  
 Phone: (867) 669 - 0976  
 Toll Free: 1 - 888 - 521 - 7088

Questions ?

## Applicant Information

Last Name:		First Name:	
Company Name: (if applicable)			
Mailing Address:			
City:		Province/Territory:	Postal Code:
Phone:	Home:	Fax:	
	Work:	Email:	
	Cell:	Other:	

## Reason for the Request for Review

- I believe/have been notified that my personal information has been improperly collected, used, disclosed, or lost in contravention of the Act.
- I have not received a reply to my application, which I submitted \_\_\_\_\_ days ago.
- I have been refused access to all or part of a record.
- I have been notified that the record does not exist/cannot be found.
- I have been notified that the existence of the record shall neither be confirmed nor denied.
- I disagree with the need to extend the 30 day response period.
- My request for correction to personal information was not accepted.
- I am a third party and I wish to request a review of a decision to give access to a record that affects my interests.
- I believe the amount of the access fees are unreasonable or burdensome.

## Details of Request

Name of the Public Body:
Government of the NWT Reference # :
Explain the reason for your request in as much detail as possible including names, places, dates and attach any supporting documents that may be helpful or correspondence, including emails deemed necessary.

Attach an additional page if required.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_