

Privacy Officer, Diabetes Care Program of Nova Scotia  
 1276 South Park Street, Bethune Building #548, Halifax, NS B3H 2Y9  
 Phone: (902) 473-3219; Fax: (902) 473-3911; E-mail: info@dcpns.nshealth.ca

## Diabetes Care Program of Nova Scotia Privacy Complaint Form

Complete this form to make a complaint about how your personal information is dealt with by the Diabetes Care Program of 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) 473-3219 or dcpns@diabetescareprogram.ns.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 e-mail:**

CONTACT PHONE NO: ( ) \_\_\_\_\_  HOME  WORK  CELL  PAGER (#: \_\_\_\_\_)

ALTERNATE PHONE NO: ( ) \_\_\_\_\_  HOME  WORK  CELL  PAGER (#: \_\_\_\_\_)

FAX NO: ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

*(Provide only if you prefer to receive communication by e-mail)*

**DETAILS OF YOUR PRIVACY COMPLAINT**

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

- 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.
- 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 e-mails.

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**INFORMATION ABOUT THE PRIVACY COMPLAINT PROCESS**

For more information about the Diabetes Care Program of Nova Scotia's processes, please contact our office at (902) 473-3219 or visit our website at [www.diabetescareprogram.ns.ca](http://www.diabetescareprogram.ns.ca).

\_\_\_\_\_  
Your Signature  
*(Signature of person submitting form or staff member recording the complaint.)*

\_\_\_\_\_  
Date

**Program Mailing Address**  
Diabetes Care Program of Nova Scotia  
1276 South Park Street, Bethune Building #548  
Halifax, NS B3H 2Y9  
Phone: (902) 473-3219; Fax: (902) 473-3911