



Yukon
Information
and Privacy
Commissioner

Health Information Privacy and Management Act (HIPMA)

REQUEST FOR ADVICE FORM

Date of request: _____

Name: _____

Position/Title: _____

Are you a custodian or an agent of a custodian: Yes / No

Telephone Number _____

Name and address of the custodian the advice will be directed to: _____

Do you require this advice by a specified date? Yes / No

If yes, provide your reasons and the date by which you would like to receive the advice:

What are seeking advice about?

Signature and Date

(Signature)

(Date)

A response to the Request for Advice is provided by the Investigator and Compliance Review Officer with the Office of the Information and Privacy Commissioner for educational and informational purposes only, without an express or implied warranty of any kind. It is not legal advice, it does not create a solicitor-client relationship, nor is it a decision of the Information and Privacy Commissioner and is not binding on her [or him as the case may be].

Send your completed form to:

Office of the Information and Privacy Commissioner
 Suite 201-211 Hawkins Street
 Whitehorse, Yukon Y1A 1X3 Tel: 867-667-8468 Fax: 867-667-8469

For IPC use only		
Received by:	Date:	Assigned to: