



Authorized Representative Form

Complaints

During an investigation, CHCPBC may collect the patient’s personal information, including health information. Use this fillable form to confirm your authority to submit a complaint and receive such information on the patient’s behalf.

If you have questions about completing this form or need assistance, please contact us:

- Phone: 604-742-6715 or 1-877-742-6715 (toll-free)
- Email: complaints@chcpbc.org

Complaint Information

Who is the complaint about?

Licensee’s Last Name:

Licensee’s First Name:

Authority

Complete the section (A, B, C, D **or** E) that best describes your authority to act for the patient. We may contact you if the form is not completed or if we need more information.

A – No Patient Authorization or Legal Authority

- I am making this complaint without the patient’s authorization, or I do not have legal authority to act on the patient’s behalf.

NOTE: If you check this box, the CHCPBC may decline or be unable to process the complaint.



B – Patient Authorization (12 + yrs) – To Be Completed by the Patient

I agree to

_____ (my representative) making this complaint on my behalf.

- I have reviewed or am aware of the details of this complaint and confirm that it accurately describes my experience(s) and concern(s) with the licensee.
- I understand my representative will be the complainant in this matter and CHCPBC will only communicate with them during this process, unless I state otherwise.
- I understand my representative may receive my personal information, including health/medical information during the complaint process.
- I give CHCPBC my consent to disclose any of my personal information obtained for the purpose of processing this complaint, to my representative.
- I understand CHCPBC may still need to interview me or contact me directly to obtain additional information or records.
- I understand I can withdraw this authorization at any time by contacting CHCPBC.

Last Name:

First Name:

Pronouns (Optional):

Mailing Address:

Email:

Phone:

Signature:

Date:



C - Patient is a Child (under 12 yrs) or an Adult Incapable of Giving Consent

Please select the option that applies:

- I am the patient's parent. I live with or regularly care for the child, and there is no order or agreement removing my guardianship.
- I am the patient's legal guardian. I am attaching a copy of the court order, legal agreement, or a letter from a lawyer or doctor confirming they know I am the legal guardian.

D – Deceased Patient's Legal Representative

- The patient cannot represent themselves because they are deceased, and I have legal authority to represent the patient.
- I am attaching a copy of the deceased patient's will, letters of probate, or letters of administration naming me as their legal representative.

E – Authorized By Deceased Patient's Legal Representative

- The patient cannot represent themselves because they are deceased. I do not have legal authority to represent the deceased patient, but their legal representative has authorized me to act for the purposes of this complaint.
- I am attaching proof that the deceased patient's legal representative has authorized me to submit this complaint on their behalf, including permission for me to view the deceased patient's medical records and any other information relevant to this complaint.
- I am also attaching proof of the legal representative's authorization (e.g., will, letters of probate, proof of next of kin status).

Attachments

If your authority to represent the patient falls into a category under section C, D or E, please attach the required documents.



Privacy

- I understand the information on this form is collected under the authority of the *Freedom of Information and Protection of Privacy Act (FIPPA)* and the *Health Professions and Occupations Act (HPOA)*.
- I understand the information provided will be used and disclosed, as permitted by law (including FIPPA and HPOA), to process the associated complaint.

Submit

You may submit the completed form (with attachments) to the College by:

- **Email:** complaints@chcpbc.org
- **Fax:** 604-608-9863
- **Mail:** 900-200 Granville Street, Vancouver, BC V6C 1S4