

Form Completion Instructions

AccertaClaim ServiCorp. Inc. (Accerta) is a benefits management organization with over 60 years of experience in managing dental, denture, and vision programs across the province of Ontario. Accerta provides services to various provincial bodies and municipal entities for the administration of their benefits programs. The information in the Accerta system belongs to the various plan sponsors and access to the data will be granted in accordance with the access protocols outlined in Accerta contracts with each plan sponsor. Accerta cannot disclose any personal information directly to a patient or a patient’s guardian.

Please note that by providing this completed form to Accerta, you consent to Accerta using the information provided, to investigate and resolve your complaint. This form may be shared with the relevant plan sponsor as necessary to address the items within the complaint. Accerta will retain a copy of this form for 7 years, as part of the privacy complaints procedure. This information shall be safeguarded in accordance with the Accerta Security Policy and the Accerta Retention and Destruction Policy. The data in this form will not be used for any secondary purpose.

Accerta will respond to all complaints received at the Accerta Privacy & Security Office in accordance with the contractual provisions outlined in agreements between Accerta and the plans sponsor, but no later than 30 days from receipt of the complaint. If Accerta cannot address the issue outlined in the complaint within 30 days the Accerta Privacy & Security Office will contact the individual submitting the complaint and advise them of when they can expect to receive a response from Accerta, or from the plan sponsor.

Client Information (if applicable)

Surname

.....

Given Name

.....

Middle Name

.....

Address

.....

Unit

.....

City

.....

Province

.....

Postal Code

.....

Information of the Individual Submitting the Complaint

Please circle one Mr. Mrs. Ms. Miss

I am the Clients: (please circle one) Parent Legal Guardian Self (It is my client record)

Surname

Given Name

Middle Name

Address

Unit

City

Province

Postal Code

Telephone

Daytime

Evening

Email Address*

* I, as the individual submitting the complaint, consent to being contacted at this email address or through the email address provided in this form. I acknowledge that sending personal information over the Internet is not secure as the email can be intercepted and/or manipulated and retransmitted.

Details of the Complaint

Please describe the details of the complaint:

Authorization

Requestor Signature

Date

Accerta Contact Information

For more information about this complaint, Accerta and our privacy policies please contact the Privacy & Security office by phone at 1-800-505-7430, or email us at privacy@accerta.ca.