



The Personal Health Information Statistical Report for the Information and Privacy Commissioner of Ontario, Canada

Reporting Year: _____ Date Report Completed: ____/____/____
MM DD YY

Only government institutions that are also health information custodians or that employ one or more health information custodians are required to report *Personal Health Information Protection Act*-related information annually to the Information and Privacy Commissioner.

This form only covers formal written requests for access and correction made by individuals (or by the individuals' substitute decision-makers) for records of their own personal health information. DO NOT include disclosures of personal health information, even if the individual requested these disclosures. Also, DO NOT include informal requests for access pursuant to section 52(6) of the *Personal Health Information Protection Act (PHIPA)*.

If no formal written requests for access to records of **personal health information** or requests for correction of records of **personal health information** were received, the institution that is a **health information custodian** or that employs one or more health information custodians must still complete and return Sections 1 and 2.

SECTION 1: IDENTIFICATION

1.1 Organization Name _____

Management Contact

Contact Person under *PHIPA*/Title _____

Email Address _____

Primary Contact

Contact Person/Title _____

Email Address _____

Phone No. (____) _____ Fax No. (____) _____

Mailing Address _____

_____ Postal Code _____

1.2 Specify the type of institution:

MUNICIPAL

- | | | | |
|--|--------|---|--|
| <input type="checkbox"/> Municipal Corporation | Board: | <input type="checkbox"/> Health | <input type="checkbox"/> Public Library |
| <input type="checkbox"/> Conservation Authority | | <input type="checkbox"/> Local Road | <input type="checkbox"/> Police Services |
| <input type="checkbox"/> Electrical Corporation | | <input type="checkbox"/> Local Services | <input type="checkbox"/> School |
| <input type="checkbox"/> Local Housing Corporation | | <input type="checkbox"/> Planning | |
| <input type="checkbox"/> Transit Commission | | | |
- Other Agency, Board, Commission, Corporation or other body designated in the regulations (specify institution type):
-

PROVINCIAL

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Ministry of the Government of Ontario | <input type="checkbox"/> College |
| <input type="checkbox"/> an Agency, Board commission, corporation or other body designated in the regulations | <input type="checkbox"/> University |
| <input type="checkbox"/> a service provider organization with the meaning of section 17.1 of the <i>Ministry of Government Services Act</i> | <input type="checkbox"/> Hospital |

Is the Minister the head of your institution? Yes No

Name of Ministry: _____

1.3 Specify the type of health information custodian (check only one box if your institution has more than one type of health information custodian; you must submit a separate report for each type):

- A person who operates an ambulance service within the meaning of the *Ambulance Act*
- A municipality that operates a communications service within the meaning of the *Ambulance Act*
- Ontario Air Ambulance Services Corporation
- A person who operates a centre, program or service for community health or mental health whose primary purpose is the provision of health care
- An evaluator within the meaning of the *Health Care Consent Act, 1966* or an assessor within the meaning of the *Substitute Decisions Act, 1992*
- Health care practitioner or a person who operates a group practice of health care practitioners
- A person who operates a long-term care home within the meaning of the *Long-Term Care Homes Act, 2007* or a care home within the meaning of the *Residential Tenancies Act, 2006*
- A person who operates a home for special care within the meaning of the *Homes for Special Care Act*
- Hospitals : A person who operates one of the following facilities:
 - hospital within the meaning of the *Public Hospitals Act*
 - private hospital within the meaning of the *Private Hospitals Act*
 - psychiatric facility within the meaning of the *Mental Health Act*
- A person who operates an independent health facility within the meaning of the *Independent Health Facilities Act*
- A person who operates a laboratory or a specimen collection centre as defined in section 5 of the *Laboratory and Specimen Collection Centre Licensing Act*
- A medical officer of health of a board of health within the meaning of the *Health Protection and Promotion Act*
- The Ontario Agency for Health Protection and Promotion
- A person who operates a pharmacy within the meaning of Part VI of the *Drug and Pharmacies*

Regulation Act

- A Placement co-ordinator described in section 40(1) of the *Long-Term Care Homes Act, 2007*
- Minister of Health and Long-Term Care together with the Ministry of the Minister if the context so requires
- Minister of Health Promotion, together with the Ministry of Health Promotion, if the context so requires
- Service provider within the meaning of the *Home Care and Community Services Act, 1994* who provides a community service to which that Act applies
- Other: _____

SECTION 2: USES OR PURPOSES OF PERSONAL HEALTH INFORMATION

- 2.1 Provide the number of uses or purposes for which personal health information was disclosed where the use or purpose is not included in the written public statement of information practices under the *Personal Health Information Protection Act* subsection 16(1).

If your institution:

- Did not receive any formal written requests for access or correction, please STOP HERE and return only pages 1 -2 by mail or by fax to us at (416) 325-9195.
- Received formal written requests for access to records of personal health information, please continue to section 3.1.
- Received only requests for correction of records of personal health information, please continue to section 9.

This report can be completed online at <https://statistics.ipc.on.ca> or it can be faxed to us at (416) 325-9195 or mailed to the Office of the Information and Privacy Commissioner of Ontario, Canada, 2 Bloor St. E., Suite 1400, Toronto, ON M4W 1A8.

SECTION 3: NUMBER OF REQUESTS COMPLETED

| | | |
|-----|---|--|
| 3.1 | Number of access requests made by individuals (or by the individuals' substitute decision-makers) to access their own personal health information that have been completed during the reporting year. | |
|-----|---|--|

SECTION 4: TIME TO COMPLETION

How long did your institution take to complete all requests for information? Enter the number of requests in the appropriate category.

| | | |
|-----|--|--|
| 4.1 | 1-30 days | |
| 4.2 | Over 30 days with an extension | |
| 4.3 | Over 30 days without an extension | |
| 4.4 | TOTAL REQUESTS (4.1 to 4.3 = 4.4) | |

Box 4.4
must equal
Box 3.1

SECTION 5: COMPLIANCE WITH THE *PHIPA*

In this section, please indicate the number of requests completed, within the statutory time limit and in excess of the statutory time limit, under each of the two different situations:

- A. **NO** Time Extension Notices issued;
- B. **ISSUED** a Time Extension Notice (subsection 54(4))

Please note that the two different situations are mutually exclusive and the number of requests completed in each situation should add up to the total number of requests completed in Section 3.2. ((5.3+5.6 = 5.7) and (5.7 **must equal** 3.1))

| | | |
|--|---|--|
| A. No Time Extension Notices Issued | | |
| 5.1 | Number of requests completed within the statutory limit (30 days) where a Time Extension Notice (subsection 54(4)) was not issued. | |
| 5.2 | Number of requests completed in excess of the statutory limit (30 days) where a Time Extension Notice (subsection 54(4)) was not issued. | |
| 5.3 | Total (5.1 + 5.2 = 5.3) | |

| B. Issued a Time Extension Notice (PHIPA subsection 54(4)) | | |
|---|---|--|
| 5.4 | Number of requests completed within the time limit permitted under the Time Extension Notice (subsection 54(4)). | |
| 5.5 | Number of requests completed in excess of the time limit permitted under the Time Extension Notice (subsection 54(4)). | |
| 5.6 | Total (5.4 + 5.5 = 5.6) | |

| C. Total Completed Requests (sections A and B) | | |
|---|--|--|
| 5.7 | OVERALL TOTAL [(5.3 + 5.6 = 5.7) and (5.7 must equal 3.1)] | |

| D. Expedited Access Requests, subsection 54(5) | | |
|---|--|--|
| 5.8 | Number of completed requests from the total reported in box 5.7 that were requests for expedited access and completed within the requested time period. | |
| 5.9 | Number of completed requests from the total reported in box 5.7 that were requests for expedited access and were completed in excess of the requested time period. | |
| 5.10 | Total (5.8 + 5.9 = 5.10) | |

SECTION 5(a): CONTRIBUTING FACTORS

Please outline any factors that may have contributed to your institution not meeting the 30-day time limit.

If you anticipate circumstances that will improve your ability to comply with the *PHIPA* in the future, please provide details in the space below.

SECTION 6: DISPOSITION OF REQUESTS

What course of action was taken for each of the requests completed? Please enter the number of requests into the appropriate category.

| | | |
|------|---|--|
| 6.1 | Full access provided | |
| 6.2 | Partial access provided: provisions applied to deny access | |
| 6.3 | Partial access provided: no record exists or cannot be found | |
| 6.4 | Partial access provided: record outside of <i>PHIPA</i> | |
| 6.5 | No access provided: provisions applied to deny access | |
| 6.6 | No access provided: no record exists or cannot be found | |
| 6.7 | No access provided: record outside of <i>PHIPA</i> | |
| 6.8 | Other completed requests, e.g. withdrawn or never proceeded with | |
| 6.9 | Number of requests from box 6.8 that were not pursued following a fee estimate | |
| 6.10 | TOTAL REQUESTS (EXCLUDING 6.9) (6.1 to 6.8 = 6.10) | |
| 6.11 | TOTAL REQUESTS denied access in whole or part where a provision of <i>PHIPA</i> was applied (6.2 + 6.5 = 6.11) | |

Box **6.10** must be greater than or equal to Box **3.1**
 Box **6.11** must be less than or equal to Box **7.12**

SECTION 7: PROVISIONS APPLIED TO DENY ACCESS

For the **TOTAL REQUESTS** where a provision was applied to deny access in full or in part, how many times did you apply each of the following? (Please note that more than one provision may be applied to each request.)

| | | |
|-----|--|--|
| 7.1 | Section 51(1)(a) – Quality of Care Information | |
| 7.2 | Section 51(1)(b) – Quality Assurance Program (<i>Regulated Health Professions Act, 1991</i>) | |
| 7.3 | Section 51(1)(c) – Raw Data from Psychological Tests | |
| 7.4 | Section 51(d) – Prescribed Personal Health Information | |
| 7.5 | Section 52(1)(a) – Legal Privilege | |
| 7.6 | Section 52(1)(b) – Other Acts or Court Order | |

| | | |
|------|---|--|
| 7.7 | Section 52(1)(c) – Proceedings that have not been concluded | |
| 7.8 | Section 52(1)(d) – Inspection, Investigation or Similar Procedure | |
| 7.9 | Section 52(1)(e) – Risk of Harm to or Identification of an Individual | |
| 7.10 | Section 52(1)(f) – <i>MFIPPA</i> subsections 38(a) or (c) or <i>FIPPA</i> subsections 49 (a),(c) or (e) apply | |
| 7.11 | Section 54(6) – Frivolous or Vexatious | |
| 7.12 | TOTAL (7.1 to 7.11) (must be greater than or equal to Box 6.11) | |

SECTION 8: FEES

| | | |
|-----|---|--|
| 8.1 | Number of requests for access to records of personal health information where fees were collected | |
|-----|---|--|

| | | |
|-----|---|--|
| 8.2 | Number of requests where fees were waived – in full | |
|-----|---|--|

| | | |
|-----|---|--|
| 8.3 | Number of requests where fees were waived – in part | |
|-----|---|--|

| | | |
|-----|---|--|
| 8.4 | Total number of requests where fees were waived (8.2 + 8.3 = 8.4) | |
|-----|---|--|

| | | |
|-----|---------------------------------------|----|
| 8.5 | Total dollar amount of fees collected | \$ |
|-----|---------------------------------------|----|

| | | |
|-----|------------------------------------|----|
| 8.6 | Total dollar amount of fees waived | \$ |
|-----|------------------------------------|----|

SECTION 9: CORRECTIONS AND STATEMENTS OF DISAGREEMENT

| | | |
|-----|-------------------------------|--|
| 9.1 | Correction requests completed | |
|-----|-------------------------------|--|

What course of action was taken for each request received to correct personal health information?

| | | |
|-----|-----------------------------|--|
| 9.2 | Correction(s) made in whole | |
|-----|-----------------------------|--|

| | | |
|-----|----------------------------|--|
| 9.3 | Correction(s) made in part | |
|-----|----------------------------|--|

| | | |
|-----|-----------------------|--|
| 9.4 | Correction(s) refused | |
|-----|-----------------------|--|

| | | |
|-----|--------------------------------------|--|
| 9.5 | Correction(s) withdrawn by requester | |
|-----|--------------------------------------|--|

| | | |
|-----|--------------------------|--|
| 9.6 | Total (9.2 to 9.5 = 9.6) | |
|-----|--------------------------|--|

Box 9.6 must equal Box 9.1

| | | |
|--|--|--|
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| 9.7 | Number of correction requests with statements of disagreement attached where corrections were refused in whole or in part | |
|-----|---|--|

| | | |
|-----|------------------------------------|--|
| 9.8 | Number of times notifications sent | |
|-----|------------------------------------|--|

By submitting this report, the institution that is a health information custodian verifies the information is accurate and correct to the best of its knowledge.