
HOSPITAL
2005 Completion Guide
for the
Information and Privacy Commissioner/Ontario
on
Personal Health Information Requests

Introduction

Use this Guide as a “how to” tool to complete the statistical report for the Information and Privacy Commissioner/Ontario about requests made under the *Personal Health Information Protection Act, 2004* (the *Act*).

To make the task easier:

- the Guide is laid out in the same manner as the statistical report (section by section);
- some sections which will appear in *italicized text* have been expanded to contain background information which may be helpful to you;
- the bold text is defined in the Glossary of Terms;
- the Reconciliation Chart is designed to help verify the figures in the Report.

If there are any questions that have not been answered by this guide, there are three ways to receive additional information from the Information and Privacy Commissioner/Ontario:

- call our Support Line at (416) 325-9160
- e-mail statistics.ipc@ipc.on.ca
- call our main switchboard:
 - Local calls (416) 326-3333
 - Long distance, use our toll free line: 1-800-387-0073

If no requests for access to **personal health information** or requests for correction of **personal health information** were received under this *Act*, the hospital must still complete and return Section 1.

Section 1: Identification

- 1.1 Please clearly indicate the name of the hospital, name of the contact person for *PHIPA*, phone/fax numbers, mailing and e-mail addresses and the name of the person to contact with any questions about the contents of the report.
- 1.2 Please indicate the type of health information custodian that is reporting.

If your hospital received no requests for access to **personal health information** or correction of **personal health information**, PLEASE STOP HERE AND RETURN ONLY SECTION 1 OF THE REPORT.

If your hospital received (or carried forward from last year) at least one request for access to **personal health information**, PLEASE COMPLETE THE REST OF THE REPORT.

If your hospital did not receive any requests for access to **personal health information** but did receive (or carried forward from last year) at least one request for correction of **personal health information**, PLEASE COMPLETE SECTION 6, AS WELL AS SECTION 1.

SECTION 2: Number of Requests Completed

How Are Requests Counted?

The following will assist you to determine how and when to count a **personal health information** request as being received.

*-any **personal health information** access request is counted as one request regardless of the number of records involved because it is about only one subject – “the person asking for the information”*

-DO NOT COUNT a request until all actions have been undertaken to complete a request;

*-DO NOT COUNT a request to correct **personal health information** in this section (see section 6).*

- 2.1 Enter the number of new **personal health information** requests received and completed for the **reporting year** (January – December).

SECTION 3: Time to Completion

The response time to a requester may be extended to review and locate **records** and for consultation as described in subsection 54(3).

- 3.1 Enter the number of **personal health information** requests that took less than 31 days to complete.
- 3.2 Enter the number of **personal health information** requests that took more than 30 days to complete.
- 3.3 Add boxes 3.1 and 3.2 and enter the total in box 3.3.

SECTION 4: Disposition of Requests

This section requests information about how each **personal health information** access request was handled.

- 4.1 Enter the number of requests that resulted in full access to all information requested.
- 4.2 Enter the number of requests where the **health information custodian** provided partial access to the requested information where **provisions** of the *Act* were used to deny access.
- 4.3 Enter the number of requests where the health information custodian provided partial access to the requested information because no **record** exists or if one is outside of the *Act*.
- 4.4 Enter the number of requests where no information was accessed because **provisions** of the *Act* were used to deny access.
- 4.5 Enter the number of requests where no information was accessed, because no **record** exists or if one is outside of the *Act* or the record cannot be found.
- 4.6 Enter the number of requests that were unfulfilled because they were withdrawn or never accessed by the requester.
- 4.7 Add boxes 4.1 to 4.6 and enter the total in box 4.7.

SECTION 5: Fees

This section concerns **fees** charged for access to **personal health information**.

- 5.1 Enter the number of requests where fees were collected.
- 5.2 Enter the total dollar amount of fees collected.

SECTION 6: Corrections and Statement of Disagreement

*If an individual believes that their personal health information **record** held by a **health information custodian** is inaccurate or incomplete with respect to the purposes for which the **health information custodian** uses the information, they have a right to:*

- *request that the **health information custodian** correct the **personal health information**;*
 - *receive a written notice from the custodian to grant or refuse their request;*
 - *request a written notice of the requested correction, to the extent reasonably possible, be sent to those who the custodian disclosed the information, except if it will have no effect on the provision of health care or other benefits to the individual;*
 - *require the **health information custodian** to attach a **statement of disagreement** to the information if the requested correction was not made and to disclose the statement of disagreement whenever the **health information custodian** discloses the information in issue.*
- 6.1 Enter the number of correction requests that were completed for the **reporting year**.
 - 6.2 Enter the number of **statements of disagreement** that were attached to the **personal health information record**.
 - 6.3 Enter the number of requests in which notifications were sent to third parties, who in the past received the **personal health information** that has since been corrected or to which **statements of disagreement** have been attached.

SECTION 7: Privacy Complaints

7.1(i) Enter the number of privacy complaints that were resolved.

7.1(ii) Write a brief description about the complaint(s) referred to in box 7.1(i).

SECTION 8: Research

8.1 Enter the number of times personal health information was used for research purposes without consent, subsection 34(1)(j).

8.2.1 Enter the number of times personal health information was disclosed for research purposes without consent, subsection 44(5).

SECTION 9: Withdrawal of Consent

9.1.1 Enter the number of times an individual withdrew their implied consent for the collection, use or disclosure of personal health information for health care purposes (subsection 20(2)) of *PHIPA*.

SECTION 10: Express Instructions

10.1.1 Enter the number of times that express instructions were received not to use or disclose personal health information without consent for health care purposes (subsection 37(1)(1) and subsection 50(1)(e) of *PHIPA*).

Thank you for your co-operation.