
HOSPITAL

2005 Statistical Report for the

Information and Privacy Commissioner/Ontario

on

Personal Health Information Requests

Please return by February 1, 2006 to:

Information and Privacy Commissioner/Ontario
2 Bloor Street East
Suite 1400
Toronto, Ontario M4W 1A8

Or Fax to: 416-325-9195

This form is intended for health information custodians that are not institutions within the meaning of *Freedom of Information and Protection of Privacy Act* or *Municipal Freedom of Information and Protection of Privacy Act*.

Please complete and return the report to the Office of the Information and Privacy Commissioner/Ontario. If no requests for access to personal health information or requests for correction of personal health information were received, please complete and return Section 1.

**HOSPITAL
PERSONAL HEALTH INFORMATION
STATISTICAL REPORT
(Personal Health Information Protection Act (PHIPA))**

SECTION 1: Identification

1.1 Hospital Name _____
Contact Person under *PHIPA*/Title _____
E-mail Address _____
Phone No.: _____ Fax No.: _____
Mailing Address: _____
_____ Postal Code _____
Content Contact Person/Title _____
E-mail Address _____
Date Report Completed: _____ / _____ / _____
MM DD YY

1.2 Specify the type of health information custodian:
Under *PHIPA* s.3(1)

Hospital under the *Public Hospitals Act*
 Private hospital under the *Private Hospitals Act*
 Psychiatric facility under the *Mental Health Act*

If your hospital:

Did not receive any requests for access to records of personal health information or correction of personal health information, please STOP HERE and return only page one by mail or by fax to us at (416) 325-9195.

Received requests for access to records of personal health information, please continue to section 2.

Received only requests for correction of records of personal health information, please continue to section 6.

Section 2: Number of Requests Completed

Please enter the number of requests for access to records of personal health information.

2.1 Number of requests for access to personal health information completed for the reporting year

Section 3: Time to Completion

How long did your hospital take to complete all requests for access to records of personal health information? Please enter the number of requests for access to records of personal health information completed within each time frame.

3.1 30 days or less

3.2 Over 30 days

3.3 **Total**

No. of Requests
<input type="text"/>
<input type="text"/>
<input type="text"/>

Box 3.3 must be equal to Box 2.1

Section 4: Disposition of Requests

What course of action was taken with respect to each of the requests for access to a record of personal health information completed? Please enter the number of requests for access to records of personal health information completed by taking each action.

4.1 All requested records of personal health information accessed

4.2 Requested records of personal health information accessed in part: provisions applied to deny access

4.3 Requested records of personal health information accessed in part: some of the requested records of personal health information do not exist or are outside of the *Act*

4.4 Nothing accessed: provisions applied to deny access

4.5 Nothing accessed: no record of personal health information exists, the records of personal health information are outside of the *Act* or cannot be found

4.6 Other completed requests, e.g. withdrawn or never accessed

4.7 **Total** (4.1 TO 4.6 = 4.7)

No. of Requests
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Box 4.7 must be greater than or equal to Box 2.1

SECTION 5: FEES

Did your hospital collect fees related to requests for access to records of personal health information?

5.1 Number of personal health information requests where fees were collected

5.2 Enter the total Amount of Dollars collected

SECTION 6: Corrections and Statements of Disagreement

Did your hospital receive any requests to correct records of personal health information?

6.1 Correction requests completed

In cases where corrections were denied in part or in full, were any statements of disagreements attached to the affected records of personal health information?

6.2 Enter the number of statements of disagreement attached

If your hospital received any requests to correct records of personal health information under *PHIPA*, an individual may require you to notify third parties.

6.3 Enter the number of requests for correction, where notification of the correction or statement of disagreement was sent to one or more parties.

Section 7: Privacy Complaints

7.1 (i) Enter the number of Privacy Complaints Resolved

7.1(ii)

Provide a brief description of the nature of the complaints referred to in box 7.1(i).

Section 8: Research

Health information custodians may **use** and **disclose** personal health information for research purposes without consent.

8.1 Enter the number of times you have used personal health information for research purposes without consent in accordance with subsection 37(1)(j).

8.2 Enter the number of times you have disclosed personal health information for research purposes without consent in accordance with an agreement under subsection 44(5).

Section 9: Withdrawal of Consent

- 9.1 Enter the number of requests you have received to withdraw an individual's 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 Enter the number of express instructions that you have received not to use or disclose personal health information without consent for health care purposes (subsection 37(1)(a), 38(1)(a) and 50(1)(e) of *PHIPA*).

By submitting this report the hospital verifies the information is accurate and correct to the best of their knowledge.