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

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## 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 (PHIPA)*. It will prove especially helpful for those of you filling out this form for the first time.

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](mailto: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

Please note: Incomplete reports may result in the custodian’s submission being partly or entirely excluded from the statistics generated for the annual report.

All institutions or **health information custodians** covered by the *Personal Health Information Protection Act* must return a report to the Information and Privacy Commissioner. If no requests for access to **personal health information** or requests for correction of **personal health information** were received, the institution or **health information custodian** must still complete and return Sections 1 and 2.

## SECTION 1: Identification

- 1.1 Please clearly indicate the name of the institution, name of the contact person responsible for *PHIPA*, phone/fax numbers, mailing and e-mail addresses, name of the person to contact with any questions about the content of the report.
- 1.2 Please indicate the type of municipal or provincial institution that the **health information custodian** is either an agent of or is a part of. (e.g. if the health information custodian is a ambulance service and is part of a municipality, the check mark would be placed in the box for municipal corporation) If the appropriate municipal type is not listed, check “other” and specify.
- 1.3 Please indicate the type of health information custodian that is reporting. Submit separate reports for each type of health information custodian.

## SECTION 2: Uses or Purposes of Personal Health Information

- 2.1 Enter the number of uses or purposes for which **personal health information** was disclosed where the use or purpose that is not included in the written public statement of information practices.

If your institution or **health information custodian** received no requests for access to **personal health information** or correction of **personal health information**, PLEASE STOP HERE AND RETURN ONLY SECTIONS 1 AND 2 OF THE REPORT.

If your institution or **health information custodian** 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 institution or **health information custodian** 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 9 AT THE BACK OF THE REPORT, AS WELL AS SECTIONS 1 AND 2.

## SECTION 3: 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 9).

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

## SECTION 4: 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).

4.1–4.5 Enter the number of completed **personal health information** requests in the appropriate categories.

4.6 Enter the totals of the previous entries (4.1 – 4.5) in this section. These totals should be equal to the Total Requests completed in box 3.1.

## SECTION 5: Compliance with *PHIPA*

*PHIPA* states that requests for access to **personal health information** should be completed within 30 days. In cases where there is a need to review or search numerous **records** or to conduct consultations, a **health information custodian** can extend the 30-day time limit for no more than an additional 30 days and remain in compliance with *PHIPA*. This can be achieved by issuing a **Notice of Extension** (subsection 54(4)).

*This section has been broken down into three different sections. Sections A and B are mutually exclusive and will be used to determine the number of requests that are in compliance or not in compliance with the statutory time lines under PHIPA. Section C deals with **expedited access requests** that are already included in Section A.*

**A. Notice of Extension Not Issued**

- 5.1 Enter the number of requests completed within 30 days where no **Notice of Extension** was issued.
- 5.2 Enter the number of requests completed beyond the 30 days where no **Notice of Extension** was issued.
- 5.3 Add boxes 5.1 and 5.2 to determine the total number of completed requests where no **Notice of Extension** was issued.

**B. Notice of Extension (subsection 54(4)) Issued**

- 5.4 Enter the number of requests completed within the time limit stipulated in the **Notice of Extension**.
- 5.5 Enter the number of requests completed that exceeded the permitted time limit stipulated in the **Notice of Extension**.
- 5.6 Add boxes 5.4 and 5.5 to determine the total number of completed requests where a **Notice of Extension** was issued.

**C. Total Requests Completed (sections A and B)**

- 5.7 Enter the overall total number of requests completed for the year by adding the totals from sections A and B (boxes 5.3 + 5.6 = 5.7) . This total must equal the total number of requests shown in Box 3.1.

**D. Expedited Access requests (subsection 54(5))**

- 5.8 Enter the 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 Enter the 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 Add boxes 5.8 and 5.9 to determine the total number of completed requests for expedited access.

## SECTION 5(a): Contributing Factors

This section provides an opportunity for the custodian to explain why the 30-day time line to complete requests could not be met. As well, it requests details on how to improve on the response rate in order to be compliant with the *PHIPA*.

## SECTION 6: Disposition of Requests

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

- 6.1 Enter the number of requests that resulted in full access to personal health information requested.
- 6.2 Enter the number of requests where the **health information custodian** provided partial access to the requested information because **provisions** of *PHIPA* were used to deny access.
- 6.3 Enter the number of requests where requested information was partially accessed because no **record** exists or if one does, it is outside of the *PHIPA*.
- 6.4 Enter the number of requests where no information was accessed and the **provisions** of *PHIPA* which were used to deny access.
- 6.5 Enter the number of requests where no information was accessed, because no **record** exists or none can be found.
- 6.6 Enter the number of requests that were unfulfilled because they were withdrawn or abandoned by the requester.
- 6.7 Enter the number of requests from box 6.6 that were withdrawn or abandoned after a fee estimate was sent out.
- 6.8 Add the number of requests from boxes 6.1 to 6.6 to determine the disposition for the total number of requests. Do not include box 6.7 data in the total. This number should be greater than or equal to the total number of completed requests shown in box 3.1.
- 6.9 Add the number of requests in boxes 6.2 and 6.4 to determine the total number of requests where access to information was denied in whole or in part. This number should be less than or equal to box 7.12.

## SECTION 7: PROVISIONS APPLIED TO DENY ACCESS

- 7.1-7.11 Box 6.9 of the previous section (Total Requests Denied Access in Whole or in Part) shows the total number of requests for which access to part or all of the requested information was denied based on **provisions** in *PHIPA*. In this section, you must apply one or more **provisions** to each request. The total must be greater than or equal to Box 6.9.
- 7.12 Add boxes 7.1 to 7.11 to determine the total number of provisions applied to deny access. The total must be greater than or equal to Box 6.9.

## SECTION 8: Fees

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

- 8.1 Enter the number of requests where fees were collected.
- A health information custodian may waive all or part of a fee being charged if the custodian feels it is fair and equitable to do so.*
- 8.2 Enter the number of requests, if any, for which the **health information custodian waived fees** in full.
- 8.3 Enter the number of requests, if any, for which the **health information custodian waived fees** in part.
- 8.4 Add requests from boxes 8.2 and 8.3 to determine the total number of requests in which fees were waived.
- 8.5 Enter the total dollar amount of fees collected.
- 8.6 Enter the total dollar amount of **fees waived**.

## SECTION 9: Corrections and Statement of Disagreement

*If an individual believes that his or her record of personal health information held by a **health information custodian** is inaccurate or incomplete with respect to the purposes for which the **health information custodian** uses the information, he or she has 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 the request,
- request a written notice of the requested correction, to the extent reasonably possible, be sent to those to whom 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.

9.1 Enter the number of new correction requests for the **reporting year**.

*What course of action was taken when the requests for correction were received?*

9.2 Enter the number of corrections that were made in their entirety.

9.3 Enter the number of corrections partially made.

9.4 Enter the number of correction requests that were refused.

9.5 Enter the number of correction requests that were withdrawn by the requester before completion.

9.6 Add boxes 9.2 to 9.5 to determine the total number of correction requests made for the **reporting year**. This total should be equal to the amount shown in box 9.1.

9.7 Enter the number of correction requests that were made in part (box 9.6) or denied in full (box 9.7) where **statements of disagreement** were attached to the **personal health information record**.

9.8 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.

*Thank you for your co-operation.*