2006 Statistical Report for the

Information and Privacy Commissioner/Ontario

on

Personal Health Information Requests

Please return by February 1, 2007 to:

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

Or Fax to: 416-325-9195

All institutions or **health information custodians** that are part of an institution covered by the *Personal Health Information Protection Act* must return a report to the Information and Privacy Commissioner.

This form only includes <u>access requests</u> made by individuals (or by the individuals' substitute decision makers) for their own personal health information. <u>DO NOT</u> <u>include disclosures</u> for personal health information to other health information custodians, even if the individual requested these disclosures.

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.

PERSONAL HEALTH INFORMATION STATISTICAL REPORT

SECTION 1: Identification				
Contact Person under PHIPA E-mail Address				
Phone No.	Fax N	lo		
Mailing Address				
Content Contact Person for this report/Title				
Content Contact E-mail Address				
Date Report Completed:				
MM	DD	YY		
Specify the type of institution:				
MUNICIPAL				
 Municipal Corporation Board: Conservation Authority Electrical Corporation Local Housing Corporation Other:	 Health Local Road Local Services Planning Public Library Police Services School 	Commission:	Transit	
PROVINCIAL				
Is the Minister the head of your institution?	Yes 🗆 No 🗆			
	-			
	Formal Contact Person under PHIPA/Title Contact Person under PHIPA E-mail Address Phone No Mailing Address Mailing Address Content Contact Person for this report/Title Content Contact E-mail Address Date Report Completed: MUNICIPAL Municipal Corporation Conservation Authority Electrical Corporation Local Housing Corporation Other: PROVINCIAL Is the Minister the head of your institution? Ministry Agency, Board or Commission of a Minis	Formal Contact Person under PHIPA/Title Contact Person under PHIPA E-mail Address Phone No. Mailing Address Content Contact Person for this report/Title Content Contact Person for this report/Title Content Contact E-mail Address Date Report Completed: MM DD Specify the type of institution: MUNICIPAL Municipal Corporation Board: Conservation Authority Electrical Corporation Local Housing Corporation Other: PROVINCIAL Is the Minister the head of your institution? Yes	Mailing Address	

- 1.3 Specify the type of health information custodian (check only one box):
- Ambulance service within the meaning of the *Ambulance Act*
- Centre, program or service for community health or mental health whose primary purpose is the provision of health care
- Community care access corporation within the meaning of the *Community Care Access Corporation Act,* 2001
- the Director of the Laboratories Branch of the MOHLTC with respect to public health laboratory centres established and maintained under s.79 of the *Health Protection Promotion Act*
- 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
 Homes:
- -an approved charitable home for the aged within the meaning of the *Charitable Institutions Act* -home or joint home within the meaning of the *Homes for the Aged and Rest Homes Act* -nursing home within the meaning of the *Nursing Homes Act* -care home within the meaning of the *Tenant Protection Act, 1997* -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* -an institution within the meaning of the *Mental Hospitals Act* or an independent health facility within the meaning of the *Mental Hospitals Act*
- Laboratory or a specimen collection centre as defined in section 5 of the *Laboratory and Specimen Collection Centre Licensing Act*
- Medical Officer/Board of Health
 -medical officer of health or a board of health within the meaning of the *Health Protection and Promotion* Act
- D Ontario Air Ambulance Services Corporation
- D Pharmacy within the meaning of Part VI of the *Drug and Pharmacies Regulation Act*
- □ Placement co-ordinator
 - -Placement co-ordinator described in section 9.6(2) of the *Charitable Institutions Act*-Placement co-ordinator described in subsection 18(2) of the *Homes for the Aged and Rest Homes Act*-Placement co-ordinator described in subsection 20.1(2) of the *Nursing Homes Act*
- D Minister of Health and Long-Term Care together with the Ministry of the Minister if the context so requires
- □ Service provider within the meaning of the *Long-Term Care Act, 1994* who provides a community service to which that Act applies
- Any other person prescribed under the *Personal Health Information Protection Act, 2004*, Ontario Regulation 329/04.
- Every municipality that operates a communications service within the meaning of the *Ambulance Act* with respect to its functions in operating the communications service

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 (PHIPA)* subsection 16(1).

If your institution:

- □ Did not receive any requests for access or correction, please <u>STOP HERE</u> and return only page one by mail or by fax to us at (416) 325-9195.
- □ Received access requests, please continue to section 3.1.
- Received only requests for correction of personal health information, please continue to section 9.

Section 3: Number of Access Requests Completed

3.1	Number of access requests made by individuals (or by the individuals'
	substitute decision markers) to access their own personal health information
	that have been completed during 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 $(4.1 \text{ to } 4.3 = 4.4)$	Box 4.4 equal E 3.1

Box 4.4 must equal Box 3.1 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 3.5. ((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. Iss	sued a Time Extension Notice (PHIPA subsection 54(4))	
5.4	Number of requests completed within the time limit permitted under the Time Entennion $N(t) = (relevant) + f(t)$	
5.5	Time Extension Notice (subsection 54(4)).Number of requests completed in excess of the time limit permitted under	
5.5	the Time Extension Notice (subsection 54(4)).	
5.6	Total $(5.4 + 5.5 = 5.6)$	

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

D. E	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 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 outside of <i>PHIPA</i>	
6.4	No access provided: provisions applied to deny access	
6.5	No personal health information accessed: no record exists or cannot be found	
6.6	Other completed requests, e.g. withdrawn or never accessed	
6.7	Number of requests from box 6.6 that were not accessed following a fee estimate	
6.8	TOTAL REQUESTS (EXCLUDING 6.7) $(6.1 \text{ to } 6.6 = 6.8)$	Box 6.8 must be greater than or equal to Box 3.1
6.9	TOTAL REQUESTS denied access in whole or part where a provision of <i>PHIPA</i> was applied $(6.2 + 6.4 = 6.9)$	Box 6.9 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</i> <i>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 with Appeals 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) – MFIPPA subsections 38(a) or (c) or FIPPA 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 6.9)	

SECTION 8: FEES

8.1	Number of personal health information requests 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	\$

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 equal Bo

6 must Box 9.1

	Number of statements of disagreement attached where corrections were refused in whole or in part		
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9.8	Number of times notifications sent	

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