



The Year-End Statistical Report
for the
Information and Privacy Commissioner/Ontario

**Statistical Report of
Chatham-Kent Health Alliance
for the 2014 Reporting Year**

under the
Freedom of Information and Protection of Privacy Act

Section 1: Identification

1.1 Organization Name

Chatham-Kent Health Alliance

Ministry Name (if applicable)

Health and Long-Term Care

Head of Institution Name & Title

Colin Patey

Head of Institution E-mail Address

cpatey@ckha.on.ca

Management Contact Name & Title

Health and Long-Term Care

Management Contact E-mail Address

kwaymouth@ckha.on.ca

Primary Contact Name & Title

Karen Waymouth, Integrated Director, Health Information Management

Primary Contact Email Address

kwaymouth@ckha.on.ca

Primary Contact Phone Number

519-437-6041

Primary Contact Fax Number

519-436-2543

Primary Contact Mailing Address 1

80 Grand Ave. West, PO BOX 2030

Primary Contact Mailing Address 2

Primary Contact Mailing Address 3

Primary Contact City

Chatham

Primary Contact Postal Code

N7M 5L9

1.2 Your Institution is:

Hospital under the Public Hospitals Act

Section 2: Inconsistent Use of Personal Information

2.1 Whenever your institution uses or discloses **personal information** in a way that differs from the way the information is normally used or disclosed (**an inconsistent use**), you must attach a record or notice of the inconsistent use to the affected information. How many such records did your institution attach, if any?

0

Your institution received:

- No formal written requests for access or correction
- Formal written requests for access to records
- Requests for correction of records of personal information only

Note:

This report is for your records only and should not be faxed or mailed to the Information and Privacy Commissioner /Ontario in lieu of online submission. Faxed or mailed copies of this report will NOT be accepted. Please submit your report online at: <https://statistics.ipc.on.ca>

Thank you for your cooperation!

Declaration:

I, Health and Long-Term Care, confirm that all the information provided in this report, furnished by me to the Information and Privacy Commissioner/Ontario, is true, accurate and complete in all respects.

Signature

Date