



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

**Statistical Report of
Chatham-Kent Health Alliance
for the 2013 Reporting Year**

under the
Personal Health Information Protection Act

Section 1: Identification

1.1 Organization Name*	Chatham-Kent Health Alliance
Management Contact Person under PHIPA / Title*	Karen Waymouth, Integrated Director/Health Information Management
Management Contact Person under PHIPA E-mail Address*	kwaymouth@ckha.on.ca
Primary Contact Person for This Report / 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	
Primary Contact Mailing Address 1*	80 Grand Ave. West
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
Ministry Name:	
Is the Minister the head of your institution?*	No
1.3 Specify the type of Health Information Custodian (check only one box if your institution has more than one type of health information custodian, you must submit a separate report for each type)*:	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

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 *Personal Health Information Protection Act* (PHIPA) subsection 16(1).

0

Section 3: Number of Requests Completed

- 3.1 Number of written 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
- 3.1 Number of written 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

Personal Health Information
250
250

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 (4.1 to 4.3 = 4.4)

Personal Health Information
250
0
0
250

Box 4.4 MUST EQUAL Box 3.1

Section 5: Compliance with the *PHIPA*

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 3.1 ($5.3 + 5.6 = 5.7$) and (5.7 must equal 3.1).

A. No Time Extension Notices Issued

- 5.1 Number of requests completed within the statutory time 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 ($5.1 + 5.2 = 5.3$)

Personal Health Information
250
0
250

B. Issued A Time Notice Extension Notice (PHIPA subsection 54(4))

- 5.4 Number of requests completed within the time limit permitted under the Time Extension Notice (subsection 54(4)).
- 5.5 Number of requests completed in excess of the time limit permitted under the Time Extension Notice (subsection 54(4)).
- 5.6 Total ($5.4 + 5.5 = 5.6$)

Personal Health Information
0
0
0

C. Total Completed Requests (Sections A and B)

- 5.7 Overall Total [$(5.3 + 5.6 = 5.7)$ and (5.7 must equal 3.1)]

Personal Health Information
250

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.

Personal Health Information
0
0

5.10 Total (5.8 + 5.9 = 5.10)

0

Section 5(a): Contributing Factors

Please outline any factors which 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.

	Personal Health Information
6.1 Full access provided	244
6.2 Partial access provided: provisions applied to deny access	1
6.3 Partial access provided: no record exists or cannot be found	0
6.4 Partial access provided: record outside of <i>PHIPA</i>	0
6.5 No access provided: provisions applied to deny access	0
6.6 No access provided: no record exists or cannot be found	0
6.7 No access provided: record outside of <i>PHIPA</i>	0
6.8 Other completed requests, e.g. withdrawn or never accessed	5
6.9 Number of requests from box 6.8 that were not accessed following a fee estimate	0
6.10 TOTAL REQUESTS (EXCLUDING 6.9) (6.1 TO 6.8 = 6.10)	250
6.11 TOTAL REQUESTS denied access in whole or in part where a provision of <i>PHIPA</i> was applied (6.2 + 6.5 = 6.11)	1

Box 6.11 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.)

		Personal Health Information
7.1	Section 51(1)(a) -- Quality of Care Information	0
7.2	Section 51(1)(b) -- Quality Assurance Program (Regulated Health Professions Act, 1991)	0
7.3	Section 51(1)(c) -- Raw Data from Psychological Tests	0
7.4	Section 51(d) -- Prescribed Personal Health Information	0
7.5	Section 52(1)(a) -- Legal Privilege	0
7.6	Section 52(1)(b) -- Other Acts or Court Order	0
7.7	Section 52(1)(c) -- Proceedings that have not been concluded	0
7.8	Section 52(1)(d) -- Inspection, Investigation or Similar Procedure	0
7.9	Section 52(1)(e) -- Risk of Harm to or Identification of an Individual	1
7.10	Section 52(1)(f) -- MFIPPA s.38(a) or (c) Or FIPPA subsections 49 (a),(c) or (e) apply	0
7.11	Section 54(6) -- Frivolous or Vexatious	0
7.12	TOTAL (7.1 to 7.11)	1

Box 7.12 Must be Greater Than or Equal to Box 6.11

Section 8: Fees

- 8.1 Number of requests for access to records of personal health information 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

Personal Health Information
151
9
0
9
4741.25
270

Section 9: Corrections and Statements of Disagreement

9.1 Correction requests completed

Personal Health Information
0

What course of action was taken for each request received to correct personal health information?

9.2 Correction(s) made in whole

Personal Health Information
0

9.3 Correction(s) made in part

0

9.4 Correction(s) refused

0

9.5 Correction(s) withdrawn by requester

0

9.6 TOTAL (9.2 to 9.5 = 9.6)

0

9.7 Number of correction requests with statements of disagreement attached where corrections were refused in whole or in part. (subsection 55(11))

Personal Health Information
0

9.8 Number of times notifications sent (subsection 55(10)(c))

Personal Health Information
0

Declaration:

I, Karen Waymouth, Integrated Director/Health Information Management, 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