



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

**Statistical Report of
Chatham-Kent Health Alliance
for the Reporting Year 2016**

under the
Personal Health Information Protection Act

Section 1: Identification

1.1 Organization Name	Chatham-Kent Health Alliance
Management Contact Name & Title	Karen Waymouth, Integrated Director/Health Information Management
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	5194376041
Primary Contact Fax Number	5194362543
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
1.3 Your type of Health Information Custodian is:	Hospitals: (A person who operates one of the following facilities) -hospital within the meaning of the <i>Public Hospitals Act</i> -private hospital within the meaning of the <i>Private Hospitals Act</i> -psychiatric facility within the meaning of the <i>Mental Health Act</i>

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 subsection 16(1).	0
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Your institution received:

- Did not receive any formal written requests for access to records of personal health information or correction of personal health information.

Section 2: Uses or Purposes of Personal Health Information

- Received Formal written requests for access to records of personal health information.
- Received only requests for correction of records of personal health information.

Section 3: Number of Requests Completed

- 3.1** Number of written access requests made by individuals (or by the individuals' substitute decision makers) to access their own personal health information than have been completed during reporting year

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Section 4: Time to Completion

How long did your institution take to complete all requests for information? Enter the number of requests into 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 (Add Boxes 4.1 to 4.3 = 4.4)

Personal Health Information

356

6

0

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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:

- NO Time Extension Notices issued
- 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. (Add Boxes 5.3 + 5.6 = BOX5.7. BOX 5.7 must equal BOX 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 time limit (30 days) where neither a Notice of Extension (s.27(1)) nor a Notice to Affected Person (s.28(1)) were issued.
- 5.3** Total requests (Add Boxes 5.1 + 5.2 = 5.3)

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0

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B. Issued a Time 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)).

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Section 5: Compliance with the *PHIPA*

5.5	Number of requests completed in excess of the time limit permitted under the Time Extension Notice (subsection 54(4)).	0
5.6	Total requests (Add Boxes 5.4 + 5.5 = 5.6)	6

C. Total Completed Requests (sections A and B)

5.7	Total requests (Add Boxes 5.3 + 5.6 = 5.7)	362
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BOX 5.7 must equal BOX 3.1

Personal Health Information

D. Expedited Access Requests (PHIPA 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.	2
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.	0
5.10	Total requests (Add Boxes 5.8 + 5.9 = 5.10)	2

Personal Health Information

section 5a: Contributing Factors

Please outline any factors that may have contributed to your institution not meeting the 30-day time limit. If you anticipate circumstances that will improve your ability to comply with the *PHIPA* in the future, please provide details in the space below.

Required follow up from medical staff

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	362
6.2	Partial access provided: provisions applied to deny access	0
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 records 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 proceeded with	0
6.9	Number of requests from box 6.8 that were not pursued following a fee estimate	0
6.10	Total requests (excluding box 6.9) (Add Boxes 6.1 to 6.8 = 6.10)	362
6.11	Total requests denied access in whole or part where a provision of <i>PHIPA</i> was applied (Add Boxes 6.2 + 6.5 = 6.11)	0

Personal Health Information

Section 6: Disposition of Requests

BOX 6.10 must be greater than or equal to BOX 3.1

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 (<i>Regulated Health Professions Act, 1991</i>)	0
7.3 Section 51(1)(c) - Raw Data from Psychological Test	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	0
7.10 Section 52(1)(f) - <i>MFIPPA</i> subsections 38(a) or (c) or <i>FIPPA</i> subsections 49 (a), (c) or (e) apply	0
7.11 Section 54(6) - Frivolous or Vexatious	0
7.12 Total requests (Add Boxes 7.1 to 7.11 = 7.12)	0

Section 8: Fees

	Personal Health Information
8.1 Number of requests for access to records of personal health information where fees were collected	207
8.2 Number of requests where fees were waived - in full	0
8.3 Number of requests where fees were waived - in part	0
8.4 Total Number of requests where fees were waived (Add Boxes 8.2 + 8.3 = 8.4)	0
8.5 Total dollar amount of fees collected	\$7982.48
8.6 Total dollar amount of fees waived	\$0.00

Section 9: Corrections and Statements of Disagreement

	Personal Health Information
9.1 Correction requests completed	0
What course of action was taken for each request to correct personal health information?	
9.2 Correction(s) made in whole	0

Section 9: Corrections and Statements of Disagreement

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 (Add Boxes 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	0
9.8	Number of times notifications sent	0

Note:

This report is for your records only and should not be faxed or mailed to the Information and Privacy Commissioner of 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, 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 of Ontario, is true, accurate and complete in all respects.

Signature

Date