



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

**Statistical Report of
Children's Hospital of Eastern Ontario
for the 2015 Reporting Year**

under the
Personal Health Information Protection Act

Section 1: Identification

1.1 Organization Name

Children's Hospital of Eastern Ontario

Management Contact Name & Title

Roxanne Riendeau, Director of Health Records

Management Contact E-mail Address

rriendeau@cheo.on.ca

Primary Contact Name & Title

Fabiola Castedo, Manager Health Records

Primary Contact Email Address

fcastedo@cheo.on.ca

Primary Contact Phone Number

613-737-7600 ext. 2350

Primary Contact Fax Number

613-738-4855

Primary Contact Mailing Address 1

401 Smyth Rd.

Primary Contact Mailing Address 2

Primary Contact Mailing Address 3

Primary Contact City

Ottawa

Primary Contact Postal Code

K1H 8L1

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

0

Your institution received:

- No formal written requests for access or correction
- Formal written requests for access to records of personal health information
- Only requests for correction of records of personal health information

Section 3: Number of Requests Completed

Personal Health Information

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

865

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. How many requests were completed in:

Personal Health Information

4.1 1 - 30 days

749

4.2 Over 30 days with an extension

116

4.3 Over 30 days without an extension

0

4.4 Total Requests (Add Boxes 4.1 to 4.3 = Box 4.4)

865

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 these 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 (add boxes 5.3 + 5.6 = box 5.7 and box 5.7 MUST EQUAL box 3.1).

A. No Time Extension Notices Issued

Personal Health Information

- 5.1 Number of requests completed within the statutory time limit (30 days) where a Time Extension Notice (subsection 54(4)) was issued.
- 5.2 Number of requests completed in excess of the statutory time limit (30 days) where a Time Extension Notice (subsection 54(4)) was issued.
- 5.3 Total (Add Boxes 5.1 + 5.2 = Box 5.3)

749
116
865

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

Personal Health Information

- 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 (Add Boxes 5.4 + 5.5 = Box 5.6)

0
0
0

C. Total Completed Requests (sections A and B)

Personal Health Information

- 5.7 Overall Total (Add Boxes 5.3 + 5.6 = Box 5.7)

865

Box 5.7 MUST EQUAL Box 3.1

D. Expedited Access Requests (PHIPA subsection 54(5))

Personal Health Information

- 5.8 Number of completed requests from the total reported in box 5.7 that were requests for expedited access and were 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 (Add Boxes 5.8 + 5.9 = Box 5.10)

0
0
0

Section 5a: Contributing Factors

Please outline any factors which 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.

Section 6: Disposition of Requests

What course of action was taken with each of the completed requests? 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 cannot be found
- 6.4 Partial access provided: record outside of *PHIPA*
- 6.5 No access provided: provisions applied to deny access
- 6.6 No access provided: no record exists or cannot be found
- 6.7 No access provided: record outside of *PHIPA*
- 6.8 Other completed requests, e.g. withdrawn or never proceeded with
- 6.9 Number of requests from box 6.8 that were not pursued following a fee estimate
- 6.10 TOTAL REQUESTS (EXCLUDING Box 6.9) (6.1 to 6.8 = 6.10)

- 6.11 TOTAL REQUESTS denied access in whole or in part where a provision of *PHIPA* was applied (6.2 + 6.5 = 6.11)

Personal Health Information

782
1
0
0
0
7
0
75
1
865

Box 6.10 MUST BE GREATER THAN OR EQUAL TO Box 3.1

1

Box 6.11 MUST BE LESS THAN OR EQUAL TO Box 7.12

Section 7: Provisions Applied to Deny Access

For the total number of 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 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	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 (Add Boxes 7.1 to 7.1 = Box 7.12)	0

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	310
8.2 Number of requests where fees were waived — in full	41
8.3 Number of requests where fees were waived — in part	0
8.4 Total number of requests where fees were waived (8.2 + 8.3 = 8.4)	41
8.5 Total dollar amount of fees collected	\$11,943.00
8.6 Total dollar amount of fees waived	\$1,570.00

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 completed to correct personal health information?

9.2	Correction(s) made in whole	0
9.3	Correction(s) made in part	0
9.4	Correction requests refused	0
9.5	Correction requests withdrawn by requester	0
9.6	Total (Add Boxes 9.2 to 9.5 = Box 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 notifications sent	0

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, Roxanne Riendeau, Director of Health Records, 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

Signature

Date