



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

**Statistical Report of  
Cambridge Memorial Hospital  
for the Reporting Year 2021  
for  
*Freedom of Information and Protection of Privacy Act***

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## Section 1: Identification

<b>1.1</b>	Organization Name	Cambridge Memorial Hospital
	Head of Institution Name & Title	Patrick Gaskin, President and CEO
	Head of Institution E-mail Address	pgaskin@cmh.org
	Management Contact Name & Title	Lisa Costa/Privacy & Risk Lead
	Management Contact E-mail Address	lcosta@cmh.org
	Primary Contact Name & Title	Kelli Cox/ROI Clerical
	Primary Contact Email Address	kcox@cmh.org
	Primary Contact Phone Number	5196212333 ext. 1382
	Primary Contact Fax Number	5197404958
	Primary Contact Mailing Address 1	700 Coronation Blvd
	Primary Contact Mailing Address 2	
	Primary Contact Mailing Address 3	
	Primary Contact City	Cambridge
	Primary Contact Postal Code	N1R 3G2
<b>1.2</b>	Your institution is:	Hospital under the Public Hospitals Act

## Section 2: Inconsistent Use of Personal Information

<b>2.1</b>	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.	0
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### 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

### Section 3: Number of Requests Received and Completed

Enter the number of requests that fall into each category.

- 3.1** New Requests received during the reporting year
- 3.2** Total number of requests completed during the reporting year

	<b>Personal Information</b>	<b>General Records</b>
	1	0
	1	0

### Section 4: Source of Requests

Enter the number of requests you completed from each source.

- 4.1** Individual/Public
- 4.2** Individual by Agent
- 4.3** Business
- 4.4** Academic/Researcher
- 4.5** Association/Group
- 4.6** Media
- 4.7** Government (all levels)
- 4.8** Other
- 4.9** Total requests (Add Boxes 4.1 to 4.8 = 4.9)

	<b>Personal Information</b>	<b>General Records</b>
	1	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	0	0
	1	0

BOX 4.9 must equal BOX 3.2

### Section 5: 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:

- 5.1** 30 days or less
- 5.2** 31 - 60 days
- 5.3** 61 - 90 days
- 5.4** 91 days or longer
- 5.5** Total requests (Add Boxes 5.1 to 5.4 = 5.5)

	<b>Personal Information</b>	<b>General Records</b>
	1	0
	0	0
	0	0
	0	0
	1	0

BOX 5.5 must equal BOX 3.2

### Section 6: Compliance with the Act

In the following charts, please indicate the number of requests completed, within the statutory time limit and in excess of the statutory time limit, under each of the four different situations:

NO notices issued;

BOTH a Notice of Extension (s.27(1)) and a Notice to Affected Person (s.28(1)) issued;

ONLY a Notice of Extension (s.27(1)) issued;

ONLY a Notice to Affected Person (s.28(1)) issued.

## Section 6: Compliance with the Act

Please note that the four 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 3.2. (Add Boxes 6.3 + 6.6 + 6.9 + 6.12 = BOX 6.13 and BOX 6.13 must equal BOX 3.2)

### A. No Notices Issued

	Personal Information	General Records
<b>6.1</b> Number of requests completed within 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.	1	0
<b>6.2</b> 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.	0	0
<b>6.3</b> Total requests (Add Boxes 6.1 + 6.2 = 6.3)	1	0

### B. Both a Notice of Extension (s.27(1)) and a Notice to Affected Person (s.28(1)) Issued

	Personal Information	General Records
<b>6.4</b> Number of requests completed within the time limits permitted under both the Notice of Extension (s.27(1)) and a Notice to Affected Person (s.28(1)).	0	0
<b>6.5</b> Number of requests completed in excess of the time limit permitted by the Notice of Extension (s.27(1)) and the time limit permitted by the Notice to Affected Person (s.28(1)).	0	0
<b>6.6</b> Total requests (Add Boxes 6.4 + 6.5 = 6.6)	0	0

### C. Only a Notice of Extension (s.27(1)) Issued

	Personal Information	General Records
<b>6.7</b> Number of requests completed within the time limits permitted under both the Notice of Extension (s.27(1)).	0	0
<b>6.8</b> Number of requests completed in excess of the time limit permitted by the Notice of Extension (s.27(1)).	0	0
<b>6.9</b> Total requests (Add Boxes 6.7 + 6.8 = 6.9)	0	0

### D. Only a Notice to Affected Person (s.28(1)) Issued

	Personal Information	General Records
<b>6.10</b> Number of requests completed within the time limits permitted under both the Notice to Affected Person (s.28(1)).	0	0
<b>6.11</b> Number of requests completed in excess of the time limit permitted by the Notice to Affected Person (s.28(1)).	0	0
<b>6.12</b> Total requests (Add Boxes 6.10 + 6.11 = 6.12)	0	0

### E. Total Completed Requests (sections A to D)

	Personal Information	General Records
<b>6.13</b> Total requests (Add Boxes 6.3 + 6.6 + 6.9 + 6.12 = 6.13)	1	0

BOX 6.13 must equal BOX 3.2

## Section 6a: Contributing Factors

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

## Section 7: Disposition of Requests

What course of action was taken with each of the completed requests? Enter the number of requests into the appropriate category.

	<b>Personal Information</b>	<b>General Records</b>
<b>7.1</b> All information disclosed	1	0
<b>7.2</b> Information disclosed in part	0	0
<b>7.3</b> No information disclosed	0	0
<b>7.4</b> No responsive records exists	0	0
<b>7.5</b> Request withdrawn, abandoned or non-jurisdictional	0	0
<b>7.6</b> Total requests (Add Boxes 7.1 to 7.5 = 7.6)	1	0

BOX 7.6 must be greater than or equal to BOX 3.2

## Section 8: Exemptions & Exclusions Applied

For the Total Requests with Exemptions/Exclusions/Frivolous or Vexatious Requests, how many times did your institution apply each of the following? (More than one exemption may be applied to each request)

	<b>Personal Information</b>	<b>General Records</b>
<b>8.1</b> Section 12 - Cabinet Records	0	0
<b>8.2</b> Section 13 - Advice to Government	0	0
<b>8.3</b> Section 14 - Law Enforcement <sup>1</sup>	0	0
<b>8.4</b> Section 14(3) - Refusal to Confirm or Deny	0	0
<b>8.5</b> Section 14.1 - Civil Remedies Act, 2001	0	0
<b>8.6</b> Section 14.2 - Prohibiting Profiting from Recounting Crimes Act, 2002	0	0
<b>8.7</b> Section 15 - Relations with Other Governments	0	0
<b>8.8</b> Section 16 - Defence	0	0
<b>8.9</b> Section 17 - Third Party Information	0	0
<b>8.10</b> Section 18 - Economic and Other Interests of Ontario	0	0
<b>8.11</b> Section 18.1 - Information with Respect to Closed Meetings	0	0
<b>8.12</b> Section 19 - Solicitor-Client Privilege	0	0
<b>8.13</b> Section 20 - Danger to Safety or Health	0	0
<b>8.14</b> Section 21 - Personal Privacy(Third Party) <sup>2</sup>	0	0
<b>8.15</b> Section 21(5) - Refusal to Confirm or Deny	0	0
<b>8.16</b> Section 21.1 - Species at risk	0	0

## Section 8: Exemptions & Exclusions Applied

<b>8.17</b>	Section 22 - Information soon to be published	0	0
<b>8.18</b>	Section 27.1 - Frivolous or Vexatious	0	0
<b>8.19</b>	Section 49 - Personal Information(Requester)	0	0
<b>8.20</b>	Section 65 - Act Does Not Apply <sup>3</sup>	0	0
<b>8.21</b>	Section 65(6) - Labour Relations & Employment Related Records and Appointment and Placement Related Records	0	0
<b>8.22</b>	Section 67 - Other Acts	0	0
<b>8.23</b>	PHIPA Section 8(1) Applies	0	0
<b>8.24</b>	Total Exemptions & Exclusions Add Boxes 8.1 to 8.23 = 8.24	0	0

0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0
0	0

<sup>1</sup> not including Section 14(3)

<sup>2</sup> not including Section 21(5)

<sup>3</sup> not including Section 65(6)

## Section 9: Fees

Did your institution collect fees related to request for access to records?

<b>9.1</b>	Number of REQUESTS where fees other than application fees were collected	1	0	1
<b>9.2.1</b>	Total dollar amount of application fees collected	\$5.00	\$0.00	\$5.00
<b>9.2.2</b>	Total dollar amount of additional fees collected	\$50.00	\$0.00	\$50.00
<b>9.2.3</b>	Total dollar amount of fees collected (Add Boxes 9.2.1 + 9.2.2 = 9.2.3)	\$55.00	\$0.00	\$55.00
<b>9.3</b>	Total dollar amount of fees waived	\$550.00	\$0.00	\$550.00

	Personal Information	General Records	Total
1	0	1	
\$5.00	\$0.00	\$5.00	
\$50.00	\$0.00	\$50.00	
\$55.00	\$0.00	\$55.00	
\$550.00	\$0.00	\$550.00	

## Section 10: Reasons for Additional Fee Collection

Enter the number of REQUESTS for which your institution collected fees other than application fees that apply to each category.

<b>10.1</b>	Search time	0	0	0
<b>10.2</b>	Reproduction	50	0	50
<b>10.3</b>	Preparation	0	0	0
<b>10.4</b>	Shipping	0	0	0
<b>10.5</b>	Computer costs	0	0	0
<b>10.6</b>	Invoice costs(and other as permitted by regulation)	0	0	0
<b>10.7</b>	Total (Add Boxes 10.1 to 10.6 = 10.7)	50	0	50

	Personal Information	General Records	Total
0	0	0	
50	0	50	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
50	0	50	

## Section 11: Correction and Statements of Disagreement

Did your institution receive any requests to correct personal information?

**Personal Information**

Section 11: Correction and Statements of Disagreement

<b>11.1</b> Number of correction requests received	0
<b>11.2</b> Correction requests carried forward from the previous year	0
<b>11.3</b> Correction requests carried over to next year	0
<b>11.4</b> Total Corrections Completed [(11.1 + 11.2) - 11.3 = 11.4]	0

BOX 11.4 must equal BOX 11.9

What course of action did your institution take regarding the requests that were received to correct personal information?

	<b>Personal Information</b>
<b>11.5</b> Correction(s) made in whole	0
<b>11.6</b> Correction(s) made in part	0
<b>11.7</b> Correction refused	0
<b>11.8</b> Correction requests withdrawn by requester	0
<b>11.9</b> Total requests (Add Boxes 11.5 to 11.8 = 11.9)	0

BOX 11.9 must equal BOX 11.4

In cases where correction requests were denied, in part or in full, were any statements of disagreement attached to the affected personal information?

	<b>Personal Information</b>
<b>11.10</b> Number of statements of disagreement attached:	0

If your institution received any requests to correct personal information, the Act requires that you send any person(s) or body who had access to the information in the previous year notification of either the correction or the statement of disagreement. Enter the number of notifications sent, if applicable.

	<b>Personal Information</b>
<b>11.11</b> 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 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, Lisa Costa/Privacy & Risk Lead, 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.

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*Signature*

*Date*





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Information and Privacy Commissioner of Ontario

**Statistical Report of  
Cambridge Memorial Hospital  
for the Reporting Year 2021  
for  
*Personal Health Information Protection Act***

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## Section 1: Identification

<b>1.1</b>	Organization Name	Cambridge Memorial Hospital
	Management Contact Name & Title	Lisa Costa/Privacy & Risk Lead
	Management Contact E-mail Address	lcosta@cmh.org
	Primary Contact Name & Title	Kelli Cox/ROI Clerical
	Primary Contact Email Address	kcox@cmh.org
	Primary Contact Phone Number	5196212333 ext. 1382
	Primary Contact Fax Number	5197404958
	Primary Contact Mailing Address 1	700 Coronation Blvd
	Primary Contact Mailing Address 2	
	Primary Contact Mailing Address 3	
	Primary Contact City	Cambridge
	Primary Contact Postal Code	N1R 3G2
<b>1.2</b>	Your institution is:	Hospital under the Public Hospitals Act
<b>1.3</b>	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

<b>2.1</b>	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.
- Received Formal written requests for access to records of personal health information.

## Section 2: Uses or Purposes of Personal Health Information

- Received only requests for correction of records of personal health information.

## Section 3: Number of Requests Received

- 3.1** Enter the number of written requests made by individuals (or by the individuals' substitute decision makers) for access to their own personal health information that were received during the reporting year (January - December).

### Personal Health Information

430
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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 completed (Add Boxes 4.1 to 4.3 = 4.4)

### Personal Health Information

430
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0
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0
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430
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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)

### Personal Health Information

430
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0
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430
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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)).

### Personal Health Information

0
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Section 5: Compliance with the *PHIPA*

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

**C. Total Completed Requests (sections A and B)**

<b>5.7</b>	Total requests (Add Boxes 5.3 + 5.6 = 5.7)	430
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BOX 5.7 must equal BOX 3.1

**Personal Health Information**

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

<b>5.8</b>	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.	0
<b>5.9</b>	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
<b>5.10</b>	Total requests (Add Boxes 5.8 + 5.9 = 5.10)	0

**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.

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.

		<b>Personal Health Information</b>
<b>6.1</b>	Full access provided	430
<b>6.2</b>	Partial access provided: provisions applied to deny access	0
<b>6.3</b>	Partial access provided: no record exists or cannot be found	0
<b>6.4</b>	Partial access provided: record outside of <i>PHIPA</i>	0
<b>6.5</b>	No access provided: provisions applied to deny access	0
<b>6.6</b>	No access provided: no records exists or cannot be found	0
<b>6.7</b>	No access provided: record outside of <i>PHIPA</i>	0
<b>6.8</b>	Other completed requests, e.g. withdrawn or never proceeded with	0
<b>6.9</b>	Number of requests from box 6.8 that were not pursued following a fee estimate	0
<b>6.10</b>	Total requests (excluding box 6.9) (Add Boxes 6.1 to 6.8 = 6.10)	430
<b>6.11</b>	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

## 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.)

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

## Section 8: Fees

	<b>Personal Health Information</b>
<b>8.1</b> Number of requests for access to records of personal health information where fees were collected	263
<b>8.2</b> Number of requests where fees were waived - in full	152
<b>8.3</b> Number of requests where fees were waived - in part	6
<b>8.4</b> Total Number of requests where fees were waived (Add Boxes 8.2 + 8.3 = 8.4)	158
<b>8.5</b> Total dollar amount of fees collected	\$8820.75
<b>8.6</b> Total dollar amount of fees waived	\$5361.00

## Section 9: Corrections and Statements of Disagreement

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

Section 9: Corrections and Statements of Disagreement

<b>9.3</b>	Correction(s) made in part	0
<b>9.4</b>	Correction(s) refused	0
<b>9.5</b>	Correction(s) withdrawn by requester	0
<b>9.6</b>	Total (Add Boxes 9.2 to 9.5 = 9.6)	0
<b>9.7</b>	Number of correction requests with statements of disagreement attached where corrections were refused in whole or in part	0
<b>9.8</b>	Number of times notifications sent	0

**Note:**

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**Thank You for your cooperation!**

**Declaration:**

I, Lisa Costa/Privacy & Risk Lead, 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*



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Cambridge Memorial Hospital  
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## Section 1: Identification

<b>1.1</b> Organization Name	Cambridge Memorial Hospital
Management Contact Name & Title	Lisa Costa/Privacy & Risk Lead-Privacy Officer
Management Contact E-mail Address	LCosta@cmh.org
Primary Contact Name & Title	Kelli Cox/ROI Clerical
Primary Contact Email Address	KCox@cmh.org
Primary Contact Phone Number	5196212333 ext. 1382
Primary Contact Fax Number	5197404958
Primary Contact Mailing Address 1	700 Coronation Blvd
Primary Contact Mailing Address 2	
Primary Contact Mailing Address 3	
Primary Contact City	Cambridge
Primary Contact Postal Code	N1R 3G2
<b>1.2</b> Your institution is:	Hospital under the Public Hospitals Act
<b>1.3</b> 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

<b>2.1</b> 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.
- Received Formal written requests for access to records of personal health information.



## Section 2: Uses or Purposes of Personal Health Information

- Received only requests for correction of records of personal health information.

## Section 3: Number of Requests Received

- 3.1** Enter the number of written requests made by individuals (or by the individuals' substitute decision makers) for access to their own personal health information that were received during the reporting year (January - December).

### Personal Health Information

430
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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 completed (Add Boxes 4.1 to 4.3 = 4.4)

### Personal Health Information

430
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0
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0
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430
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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)

### Personal Health Information

430
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0
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430
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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)).

### Personal Health Information

0
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Section 5: Compliance with the *PHIPA*

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

**C. Total Completed Requests (sections A and B)**

<b>5.7</b>	Total requests (Add Boxes 5.3 + 5.6 = 5.7)	430
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BOX 5.7 must equal BOX 3.1

**Personal Health Information**

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

<b>5.8</b>	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.	0
<b>5.9</b>	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
<b>5.10</b>	Total requests (Add Boxes 5.8 + 5.9 = 5.10)	0

**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.

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.

		<b>Personal Health Information</b>
<b>6.1</b>	Full access provided	430
<b>6.2</b>	Partial access provided: provisions applied to deny access	0
<b>6.3</b>	Partial access provided: no record exists or cannot be found	0
<b>6.4</b>	Partial access provided: record outside of <i>PHIPA</i>	0
<b>6.5</b>	No access provided: provisions applied to deny access	0
<b>6.6</b>	No access provided: no records exists or cannot be found	0
<b>6.7</b>	No access provided: record outside of <i>PHIPA</i>	0
<b>6.8</b>	Other completed requests, e.g. withdrawn or never proceeded with	0
<b>6.9</b>	Number of requests from box 6.8 that were not pursued following a fee estimate	0
<b>6.10</b>	Total requests (excluding box 6.9) (Add Boxes 6.1 to 6.8 = 6.10)	430
<b>6.11</b>	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

## 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.)

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

## Section 8: Fees

	<b>Personal Health Information</b>
<b>8.1</b> Number of requests for access to records of personal health information where fees were collected	263
<b>8.2</b> Number of requests where fees were waived - in full	152
<b>8.3</b> Number of requests where fees were waived - in part	6
<b>8.4</b> Total Number of requests where fees were waived (Add Boxes 8.2 + 8.3 = 8.4)	158
<b>8.5</b> Total dollar amount of fees collected	\$8820.75
<b>8.6</b> Total dollar amount of fees waived	\$5361.00

## Section 9: Corrections and Statements of Disagreement

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

Section 9: Corrections and Statements of Disagreement

<b>9.3</b>	Correction(s) made in part	0
<b>9.4</b>	Correction(s) refused	0
<b>9.5</b>	Correction(s) withdrawn by requester	0
<b>9.6</b>	Total (Add Boxes 9.2 to 9.5 = 9.6)	0
<b>9.7</b>	Number of correction requests with statements of disagreement attached where corrections were refused in whole or in part	0
<b>9.8</b>	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, Lisa Costa/Privacy & Risk Lead-Privacy Officer, 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*