

**CORPORATE MANUAL**

<b>SUBJECT: Freedom of Information Requests – Fees</b>	<b>NUMBER:</b>
<b>SECTION: Finance</b>	<b>APPROVED BY:</b>
<b>DATE: November 22, 2011</b>	
<b>REVIEW FREQUENCY: Every 2 years</b>	<b>Policy: X                      Standard: X</b> <b>Procedure: X                Guideline: X</b>

**Policy:**

Under s.57(1) FIPPA / s.45(1) MFIPPA, a person making an access request must pay some of the costs CMH incurs processing the request.

This policy outlines the rates to be charged for these requests. Differences in the fees apply depending on whether the request is for general records or the requester's own personal information.

**Standards:**

CMH will charge the following fees for a Freedom of Information Request. HST is not applicable on these fees.

<b>Fee Type</b>	<b>Rate</b>
Application Fee	\$5.00
Photocopies and Computer Print Outs	\$0.20 per page
Records provided on CD-ROMS	\$10.00 for each CD-ROM
Manually searching a record	\$7.50 for each 15 minutes spent searching
Preparing a record for disclosure, including severing a part of the record.	\$7.50 for each 15 minutes spent searching
Developing a computer program or other method of producing a record from a machine readable record	\$15.00 for each 15 minutes spent searching
Costs incurred in locating, retrieving, processing and copying the record(s) if those costs are specified in an invoice received by the hospital	As per received invoice

**Procedure:**

1. All FIPPA requests are to be sent to CMH's FOI Officer along with confirmation of initial payment of the FIPPA fee. (See attached Request Form)
2. The FOI Officer will send correspondence to the individual or body that made the request confirming receipt of request.
3. The FOI Officer will open a case to track the request.
4. The FOI Officer will then review the quest with the Chief Privacy Officer, Communications and the Chair of the Board of Governors to determine the appropriate actions and information to gather.
5. The FOI Officer will then contact the appropriate department to discuss the request and outline what information is to be compiled along with an estimated cost.
6. The FOI Officer will contact the requestor of the information outlining the time required and the cost and get their decision if they want to proceed with gathering the material.
7. If the requestor wants to proceed, for estimates over \$100, the FOI Officer will get a 50% deposit of the full cost estimate from the requestor.
8. The FOI Officer will then review the compiled information to ensure compliance with the request and the FIPPA guidelines before releasing the material to the individual or body that made the FIPPA request.
9. The FOI Officer will close the case once it is confirmed the individual or body that made the FIPPA request has received their information
10. The FOI Officer will summarize all cases for reporting to the Board at year end.

**Guidelines:**

1. A request is not considered complete until it is received with the \$5.00 application fee
2. CMH may put the request on hold until the requested deposit is paid
3. CMH reserves the right to wait for a personal cheque to clear prior to providing access to a record(s).
4. CMH will provide requested records when the total invoice is paid unless the request has been denied.

**References:**

Ontario Ministry of Government Services FOI and Privacy Manual

[http://www.mgs.gov.on.ca/en/infoaccessandprivacy/Practitioners/STDU\\_108772.html?openNav=foi\\_and\\_privacy\\_manual?openNav=foi\\_and\\_privacy\\_manual](http://www.mgs.gov.on.ca/en/infoaccessandprivacy/Practitioners/STDU_108772.html?openNav=foi_and_privacy_manual?openNav=foi_and_privacy_manual)

OHA Guide to Implementing the Freedom of Information and Protection of Privacy Act.

**Developed in Consultation with:**

CMH Director, Risk Management

VP Finance and Corporate Services

CFO

Manager, Central Registration and Health Records.

Director, Finance



**REQUEST FORM FOR ACCESS OR CORRECTION**

(Under the Freedom of Information and Protection of Privacy Act)

**Please Note: A \$5.00 Application fee is required for all requests**

<p><b>A. TYPE OF REQUEST</b></p> <ul style="list-style-type: none"> <li>↑ Access to General Records</li> <li>↑ Access to own Personal Information</li> <li>↑ Access to another Individual's Personal Information by an Authorized party (attach proof of authority)</li> <li>↑ Correction of own personal information</li> </ul>	<p><b>B. PAYMENT AND SIGNATURE</b></p> <p><b>\$5</b> application fee</p> <ul style="list-style-type: none"> <li>↑ Cheque</li> <li>↑ Cash (in person only)</li> <li>↑ Visa, Master card , Debit</li> </ul> <p>Signature: _____</p>
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**C. REQUESTER'S INFORMATION**

Last Name	First Name
Apt. no./ Street no.	Street name
City/ Town	Province <span style="float: right;">Postal Code</span>
Home Phone No. (include area code)	Business /Mobile phone no. (with area code & extensior

**D. SUBSTITUTE DECISION MAKER (if applicable)**

Name	Relation to the requested person's record
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**E. DESCRIPTION OF RECORDS OR CORRECTION REQUESTED**  
 (Detailed description of requested records, general information or personal information to be corrected)

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**Note: If you are requesting a correction of personal information, please indicate the desired correction, and if appropriate attach any supporting documents. You will be notified if the correction is not made and you may require that a statement of disagreement be attached to your personal information.**

**F. PREFERRED METHOD OF ACCESS TO RECORDS**

<ul style="list-style-type: none"> <li>↑ Examine Original</li> <li>↑ Receive Copy</li> </ul> <p>Signature: _____</p>	Date (yyyy/mm/dd)
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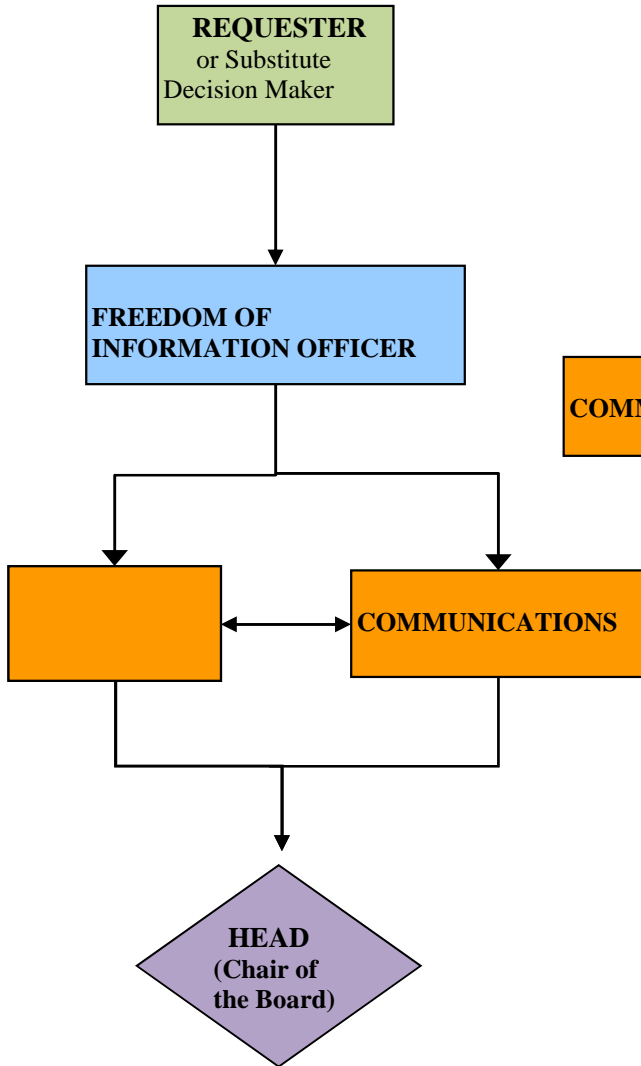
**G. INSTITUTION USE ONLY**

Date received (yyyy/mm/dd)	Request no.
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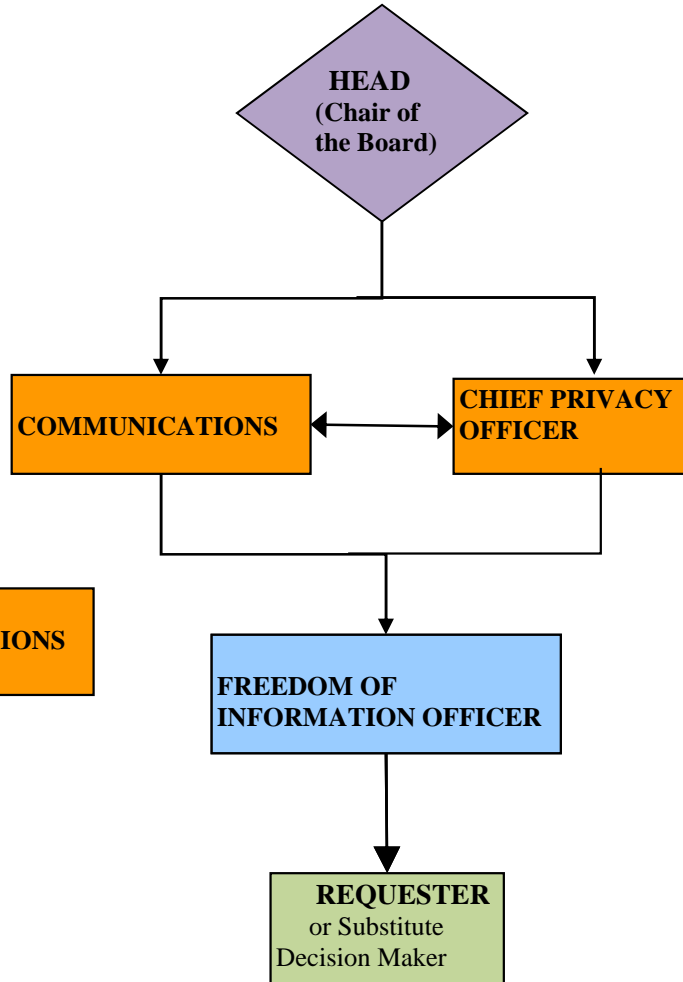
**Note: Personal information contained in this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions may be directed to our Freedom of Information Officer or Privacy Office. More information is available on-line at [www.cmh.org](http://www.cmh.org)**

# PROCESS FOR REQUEST AND APPROVAL

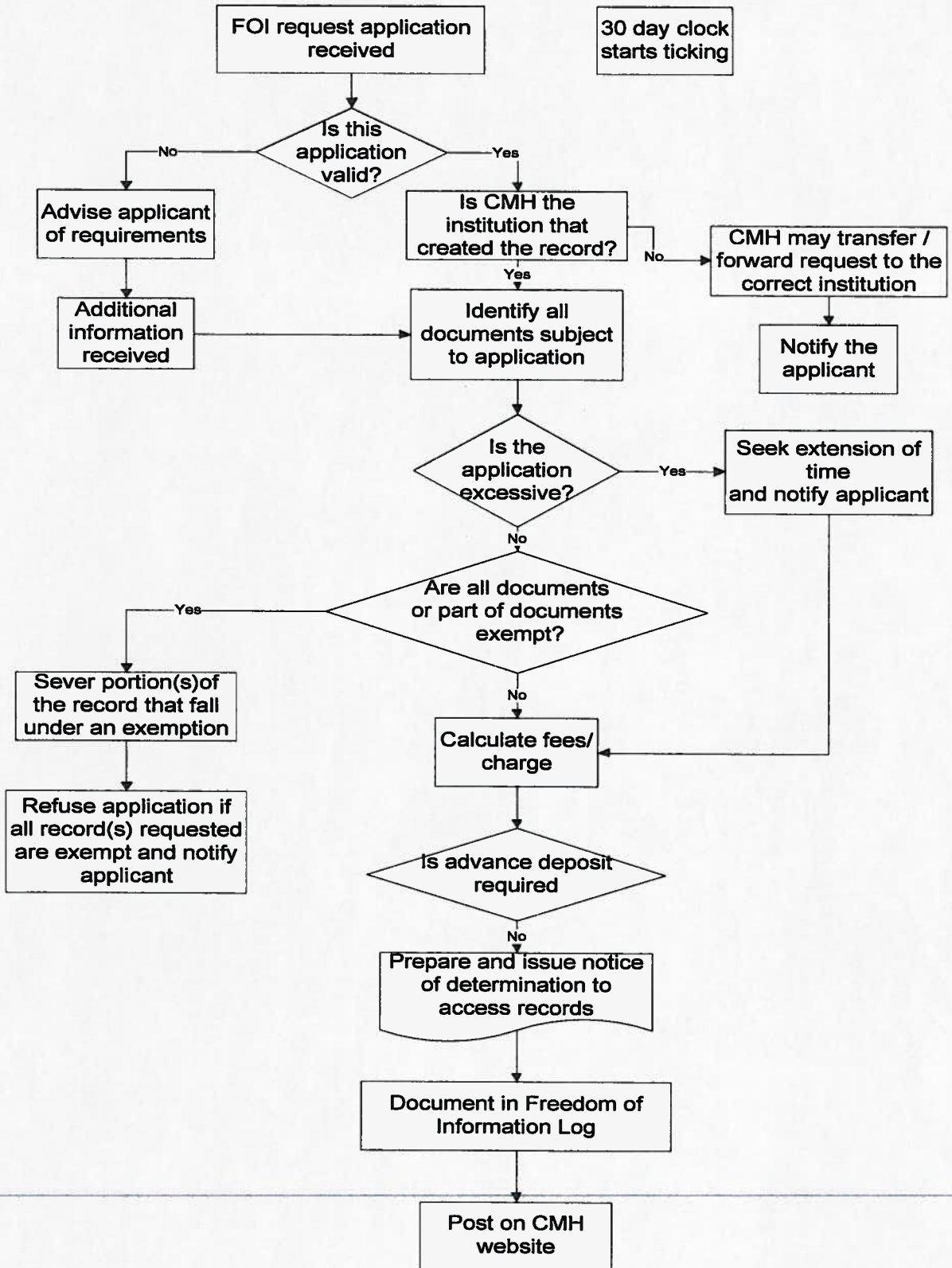
## RECEIVING REQUEST FOR *Freedom of Information*



## APPROVING REQUEST FOR *Freedom Of Information*



**REQUEST PROCESS FLOWCHART FOR CMH**



# Request Process Falling Under Third Party Consultation

