



**Statistical Report for the  
Information and Privacy Commissioner of Ontario  
on**

**Personal Health Information Access Requests  
WORKBOOK AND COMPLETION GUIDE**

## Introduction

Use this workbook and guide as a “how to” tool to complete the statistical report for the Information and Privacy Commissioner of Ontario about requests made under the *Personal Health Information Protection Act, 2004 (PHIPA)*. We encourage you to use it to help you complete and submit your questionnaire online, especially if you are unfamiliar with the reporting process.

For your convenience:

- this workbook and guide is laid out in the same manner as the online questionnaire (section by section)
- some sections which will appear in *italicized text* have been expanded to contain background information which may be helpful to you
- the **bold** text is defined in the glossary at the back of this guide
- the reconciliation chart is designed to help verify the figures in the questionnaire.

If there are any questions that have not been answered by this guide, there are two ways to receive additional information from the Information and Privacy Commissioner of Ontario:

- e-mail [statistics.ipc@ipc.on.ca](mailto:statistics.ipc@ipc.on.ca)
- call our main switchboard: Local calls 416 326-3333, long distance, use our toll-free line: 1-800-387-0073

The questionnaire only includes access or correction requests made by an individual (or by the individual’s substitute decision-maker) for their own personal health information. **DO NOT** include disclosures of personal health information to any other party, including health information custodians, even if the individual requested the disclosures. If no requests for access to personal health information or requests for correction of personal health information were received under this act, the health information custodian must still complete and submit Section 1 and 2.

This workbook and guide is for your use in completing your questionnaire and should **not** be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. Faxed or mailed copies of this workbook and guide will **NOT** be accepted. Please submit your questionnaire online at: <https://statistics.ipc.on.ca>

## SECTION 1: Identification

- 1.1 Please clearly indicate the name of the institution, name of the contact person responsible for *PHIPA*, phone/fax numbers, mailing and e-mail addresses, name of the person to contact with any questions about the content of the report.
- 1.2 Please indicate the type of municipal or provincial institution that the **health information custodian** is either an agent of or is a part of (e.g. if the health information custodian is an ambulance service and is part of a municipality, the check mark would be placed in the box for municipal corporation). If the appropriate municipal type is not listed, check “other” and specify.
- 1.3 Please indicate the type of health information custodian that is reporting. Submit separate reports for each type of health information custodian.

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

- 2.1 Enter the number of times **personal health information** was used or disclosed for a purpose that is not included in your written public statement of information practices.

*Enter this number into box 2.1 of the online questionnaire.*

	If your institution or <b>health information custodian</b> received no requests from individuals (or from the individuals’ substitute decision makers) for access to their own <b>personal health information</b> or requests by individuals for correction of their own <b>personal health information</b> , PLEASE STOP HERE AND SUBMIT ONLY SECTIONS 1 AND 2 OF THE REPORT.
	If your institution or <b>health information custodian</b> received (or carried forward from last year) at least one request from an individual (or from their substitute decision maker) for access to their own <b>personal health information</b> , PLEASE COMPLETE AND SUBMIT THE REST OF THE REPORT.
	If your institution or <b>health information custodian</b> did not receive any requests from individuals (or by the individuals’ substitute decision makers) for access to their own <b>personal health information</b> but did receive (or carried forward from last year) at least one request for correction of <b>personal health information</b> , PLEASE COMPLETE AND SUBMIT SECTION 9, AS WELL AS SECTIONS 1 AND 2.

## SECTION 3: Number of Requests

### *How Are Requests Counted?*

*The following will assist you to determine how and when to count a **personal health information** request as being received.*

- Any **personal health information** access request is counted as one request regardless of the number of records involved because it is about only one subject – “the person asking for the information.”
- COUNT ONLY written requests made by individuals (or by the individuals’ substitute decision makers) for their own personal health information.
- If you receive a request that requires clarification, DO NOT COUNT this as a request received until the requester provides you with all the information you need to complete the request.
- DO NOT COUNT a request to correct personal health information in this section (see section 9).

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

*Enter this number into box 3.1 of the online questionnaire.*

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## SECTION 4: Time to Completion

4.1–4.3 Enter the number of completed **personal health information** requests in the appropriate categories.

### PLEASE NOTE:

*The response time to a requester may be extended to review and locate **records** and for consultation as described in subsection 54(3).*

How long did your institution take to respond to 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 REQUESTS COMPLETED (4.1 to 4.3 = 4.4)	

*Enter the numbers in the table above into boxes 4.1 through 4.4 of the online questionnaire.*

## SECTION 5: Compliance with the *PHIPA*

The *PHIPA* states that requests for access to **personal health information** should be completed within 30 days. In cases where there is a need to review or search numerous **records** or to conduct consultations, a **health information custodian** can extend the 30-day time limit for no more than an additional 30 days and remain in compliance with the *PHIPA*. This can be achieved by issuing a **Notice of Extension** (subsection 54(4)).

This section has been broken down into three different sections. Sections A and B are mutually exclusive and will be used to determine the number of requests that are in compliance or not in compliance with the statutory timelines under *PHIPA*. Section D deals with **expedited access requests** that are already included in Sections A and B.

### A. Notice of Extension Not Issued

5.1	Enter the number of requests completed within 30 days where no <b>Notice of Extension</b> was issued.	
5.2	Enter the number of requests completed beyond the 30 days where no <b>Notice of Extension</b> was issued.	
5.3	Add boxes 5.1 and 5.2 to determine the total number of completed requests where no <b>Notice of Extension</b> was issued.	

Enter the numbers in the table above into boxes 5.1 through 5.3 of the online questionnaire.

### B. Notice of Extension (subsection 54(4)) Issued

5.4	Enter the number of requests completed within the time limit stipulated in the <b>Notice of Extension</b> .	
5.5	Enter the number of requests completed that exceeded the permitted time limit stipulated in the <b>Notice of Extension</b> .	
5.6	Add boxes 5.4 and 5.5 to determine the total number of completed requests where a <b>Notice of Extension</b> was issued.	

Enter the numbers in the table above into boxes 5.4 through 5.6 of the online questionnaire.

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

5.7	Enter the overall total number of requests completed for the year by adding the totals from sections A and B (boxes 5.3 + 5.6 = 5.7). This total must equal the total number of requests shown in box 4.4.	
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Enter this number into box 5.7 of the online questionnaire.

### D. Expedited Access requests (subsection 54(5))

5.8	Enter the 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	Enter the 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	Add boxes 5.8 and 5.9 to determine the total number of completed requests for expedited access.	

Enter the numbers in the table above into boxes 5.8 through 5.10 of the online questionnaire.

## SECTION 5(a): Contributing Factors

*This section provides an opportunity for you to explain why the 30-day time line to complete requests could not be met. As well, it requests details on how to improve on the response rate in order to be compliant with the PHIPA.*

Please outline any factors that may have caused you to not meet 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.

Enter the factors above into Section 5a of the online questionnaire.

## SECTION 6: Disposition of Requests

*This section requests information about how each **personal health information** access request was handled.*

- 6.1 Enter the number of requests that resulted in full access to personal health information requested.*
- 6.2 Enter the number of requests where the **health information custodian** provided partial access to the requested information because **provisions** of PHIPA were used to deny access.*
- 6.3 Enter the number of requests where the **health information custodian** provided partial access to the requested information because some of the records of personal health information do not exist or cannot be found.*
- 6.4 Enter the number of requests where requested information was partially accessed because parts of the **record** exist outside of the PHIPA.*
- 6.5 Enter the number of requests where no information was accessed and the **provisions** of PHIPA which were used to deny access.*
- 6.6 Enter the number of requests where no information was accessed, because no **record** exists or none can be found.*
- 6.7 Enter the number of requests where no information was accessed because the **record** is outside of the PHIPA.*
- 6.8 Enter the number of requests that were unfulfilled because they were withdrawn or abandoned by the requester.*
- 6.9 Enter the number of requests from box 6.8 that were withdrawn or abandoned after a fee estimate was sent out.*
- 6.10 Add the number of requests from boxes 6.1 to 6.8 to determine the disposition for the total number of requests. Do not include box 6.9 data in the total. This number should be greater than or equal to the total number of completed requests shown in box 4.4.*
- 6.11 Add the number of requests in boxes 6.2 and 6.5 to determine the total number of requests where access to information was denied in whole or in part. This number should be less than or equal to box 7.12.*



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	
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 <i>PHIPA</i>	
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 <i>PHIPA</i>	
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 6.9) (6.1 to 6.8 = 6.10) Box 6.10 must be greater than or equal to Box 4.4	
6.11	TOTAL REQUESTS denied access in whole or part where a provision of <i>PHIPA</i> was applied (6.2 + 6.5 = 6.11) Box 6.11 must be less than or equal to Box 7.12	

Enter the numbers in the table above into boxes 6.1 through 6.11 of the online questionnaire.

## SECTION 7: REASONS APPLIED TO DENY ACCESS

Box 6.11 of the previous section (*Total Requests Denied Access in Whole or in Part*) shows the total number of requests for which access to part or all of the requested information was denied based on **provisions** in PHIPA. In this section, you must apply one or more **provisions** to each request. The total must be greater than or equal to Box 6.11.

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.)

7.1	Section 51(1)(a) – Quality of Care Information	
7.2	Section 51(1)(b) – Quality Assurance Program (Regulated Health Professions Act, 1991)	
7.3	Section 51(1)(c) – Raw Data from Psychological Tests	
7.4	Section 51(d) – Prescribed Research or Laboratory Information	
7.5	Section 52(1)(a) – Legal Privilege	
7.6	Section 52(1)(b) – Other Acts or Court Order	
7.7	Section 52(1)(c) – Proceedings that have not been concluded	
7.8	Section 52(1)(d) – Inspection, Investigation or Similar Procedure	
7.9	Section 52(1)(e) – Risk of Harm to or Identification of an Individual	
7.10	Section 52(1)(f) – MFIPPA subsections 38(a) or (c) or FIPPA subsections 49 (a),(c) or (e) apply	
7.11	Section 54(6) – Frivolous or Vexatious	
7.12	TOTAL (7.1 to 7.11) (must be greater than or equal to Box 6.11)	

Enter the numbers in the table above into boxes 7.1 through 7.12 of the online questionnaire.

## SECTION 8: Fees

*This section concerns **fees** charged for access to **personal health information**.*

8.1	Number of requests for access to records of <b>personal health information</b> where <b>fees</b> were collected	
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*A **health information custodian** may waive all or part of a fee being charged if the custodian feels it is fair and equitable to do so.*

8.2	Number of requests where <b>fees were waived</b> – in full	
8.3	Number of requests where <b>fees were waived</b> – in part	
8.4	Total number of requests where <b>fees were waived</b> (8.2 + 8.3 = 8.4)	

8.5	Total dollar amount of fees collected	
8.6	Total dollar amount of <b>fees waived</b>	

*Enter the numbers in the table above into boxes 8.1 through 8.6 of the online questionnaire.*

## SECTION 9: Corrections and Statement of Disagreement

If an individual believes that his or her record of personal health information held by a **health information custodian** is inaccurate or incomplete with respect to the purposes for which the **health information custodian** uses the information, he or she has a right to:

- request that the **health information custodian** correct the **personal health information**;
- receive a written notice from the custodian to grant or refuse the request;
- request a written notice of the requested correction, to the extent reasonably possible, be sent to those to whom the custodian disclosed the information, except if it will have no effect on the provision of health care or other benefits to the individual; and
- require the **health information custodian** to attach a **statement of disagreement** to the information if the requested correction was not made and to disclose the statement of disagreement whenever the **health information custodian** discloses the information in issue.

9.1	Enter the number of new correction requests received for the <b>reporting year</b> .	
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What course of action was taken when the requests for correction were received?

9.2	Enter the number of corrections that were made in their entirety.	
9.3	Enter the number of corrections partially made.	
9.4	Enter the number of correction requests that were refused.	
9.5	Enter the number of correction requests that were withdrawn by the requester before completion.	
9.6	Add boxes 9.2 to 9.5 to determine the total number of correction requests made for the <b>reporting year</b> . This total should be equal to the amount shown in box 9.1.	

9.7	Enter the number of correction requests that were made in part (box 9.3) or denied in full (box 9.4) where <b>statements of disagreement</b> were attached to the <b>personal health information record</b> .	
9.8	Enter the number of notices of correction or statements of disagreements that were sent to a third party	

*Enter the numbers in the table above into boxes 9.2 through 9.8 of the online questionnaire.*

# Completing and Submitting Your Questionnaire

This workbook and guide is for your use in completing your report and should not be faxed or mailed to the Information and Privacy Commissioner in lieu of online submission. **Faxed or mailed copies of this workbook and guide will NOT be accepted.** Please submit your report online using the IPC's [Online Statistics Submission Website](#).

Your institution should have a login ID and password for the Online Statistics Submission Website. If you have lost or forgotten your ID or password, visit <https://statistics.ipc.on.ca/> and click on the “Forgot your password or login ID?” link.

## New Institutions

If your institution has recently come under the jurisdiction of the *Freedom of Information and Protection of Privacy Act (FIPPA)* or the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, AND you are also a **Health Information Custodian** as defined in Section 3 of *PHIPA*, you are required to submit a statistical report annually to the IPC using the using the Online Statistics Submission Website for which you will need a login ID and a password. If this is your first time submitting an annual report to the IPC, visit our [Registration for Statistical Reporting](#) page to set up an account and get a login ID and a password. You will need to include:

- the name of your institution
- the name and e-mail address of the head of the institution (for *FIPPA/MFIPPA* only)
- the name and e-mail address of the person responsible for the content of the report (the management contact)
- the name, e-mail address, telephone and fax numbers and the mailing address of the person responsible for completing the report (the primary contact)
- your language preference (English or Français)

As a **Health Information Custodian**, you have the option of a single login id and password to submit both your *FIPPA/MFIPPA* report and your *PHIPA* report (which is convenient if the same person will be submitting both reports) or you may wish to have one login id and password for *FIPPA/MFIPPA* and another for *PHIPA* (which makes it easier if two different people will submit the reports) – it all depends on your organizational structure.

Once you have your login id and password and have completed this workbook, log on to the Online Statistics Submission Website at <https://statistics.ipc.on.ca> and enter your questionnaire data section by section. You may log off the system at any time and it will remember where you left off when you log on the next time. This means you do not have to complete and submit your questionnaire all in one session as long as you do complete and submit it before the deadline date **The Online Statistics Submission Website will not be available after the deadline date.**

When you have completed entering your questionnaire, the system allows you to review your answers and make any necessary corrections before confirming and submitting your questionnaire. Once you have confirmed and submitted your questionnaire you are done, but should you discover that a correction is necessary after you have confirmed and submitted your questionnaire, you may log on to the Online Statistics Submission Website at any time before the deadline date and make the correction as needed. You will need to re- confirm your questionnaire and submit it again in order for the correction to be applied.

Changes to the type of questionnaire submitted may be made in the same manner. If, for example, you originally submitted a questionnaire stating that you had received no requests for access to **personal health information** (a “zero report”), but then discovered that you indeed had received one or more such requests, you may log on to the Online Statistics Submission Website at any time before the deadline date and simply change the questionnaire type selection at the end of Section 2. The system will take care of the rest and will take you to the appropriate sections of the questionnaire so you may complete them. Again, you will need to re-confirm your completed questionnaire and submit it again in order for the correction to be applied.

If you have specific questions that are not answered by this workbook and guide, please email [statistics.ipc@ipc.on.ca](mailto:statistics.ipc@ipc.on.ca) or call the Information and Privacy Commissioner of Ontario’s main switchboard **416-326-3333**. If you are calling long distance, use our toll free line: **1-800-387-0073**.

# Glossary of Terms

**Fee(s), Waived** - A head may waive all or part of a fee if the custodian feels it is fair and equitable to do so.

**Health Information Custodian** - Any person or organization described in subsection (reporting context only) 3(1) of *PHIPA* or any group of entities that has been permitted to act as a single health information custodian pursuant to a Minister's order under subsection 3(8).

**Notice of Extension** - A health information custodian or head may extend the time to complete a request by a maximum of an additional 30 days. This is only permissible if meeting the initial 30 day timeline would interfere with the operations of the custodian (e.g. due to numerous pieces of information or information that requires a lengthy search to locate) or if consultations would require more time to complete. The notice must include:

- the length of the extension; and
- the reason for the extension.

**Personal Health Information** - Personal health information means identifying information about an individual in oral or recorded form, if the information,

- relates to the physical or mental health or provision of health care to the individual;
- is a plan of service within the meaning of the *Long-term Care Act* for the individual;
- relates to payments or eligibility for health care of the individual;
- relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part of bodily substance;
- is the individual's health number;
- identifies an individual's substitute decision-maker.

Personal health information also includes a mixed record that contains identifiable personal information that is not personal health information, but is contained in a record that contains personal health information. However, it excludes employee records held by a custodian that are not primarily used for health care.



**Provision to deny access (Exclusions, Exemptions)** - These are specific sections in *PHIPA* that provide the grounds on which the health information custodian or head may deny access to information.

**Provision to deny access (Frivolous or Vexatious or made in bad faith)** - A custodian may refuse to grant access or make a correction to a record if believed to be on reasonable grounds that the request was for frivolous or vexatious reasons or made in bad faith.

**Record(s)** - A record means a record of information in any form or in any medium, whether in written, printed, photographic or electronic form or otherwise, but does not include a computer program or other mechanism that can produce a record

**Reporting Year** - January to December.

**Request, Access** - Access requests occur only when access requests are made by individuals (or by the individuals' substitute decision-makers) for their own personal health information. DO NOT include disclosures for personal health information to any other party, including other health information custodians, even if the individual requested these disclosures.

**Request, Completed** - A request is considered to be complete once a decision letter has been sent to the individual in response to a personal health information access request.

**Request, Correction** - A request to have one's own personal health information corrected.

**Request, Disposition** - The end result of a completed access request (e.g. personal health information was disclosed, denied, or the request was withdrawn or never accessed)

**Request, Expedited Access** - When the individual requests that a health information custodian provide a response within a time period specified by the requester under subsection 54(5).

**Statement of Disagreement** - A precise statement of disagreement prepared by the individual that sets out the correction the health information custodian has refused to make

**Written Public Statement** - A written statement, made available to the public, that:

- provides a description of the custodian's information practices;
- describes how to contact the contact person or custodian;

- describes how an individual may access or request correction of a record of personal health information;
- describes how to make a complaint to the custodian and the IPC.

# Reconciliation Chart

The chart below should be used to help verify your figures in completing this workbook and entering your questionnaire on the Online Statistics Submission Website.

Box Number	Criteria *	Box = Number(s)
4.4	=	4.1 to 4.3
5.3	=	5.1 + 5.2
5.6	=	5.4 + 5.5
5.7	=	5.3 + 5.6
5.7	=	4.4
5.10	=	5.8 + 5.9
6.10	=	6.1 to 6.8
6.10	= or >	4.4
6.11	=	6.2 + 6.5
6.11	= or <	7.12
7.12	=	7.1 to 7.11
8.4	=	8.2 + 8.3
9.6	=	9.2 to 9.5
9.6	=	9.1

\*  
 = equal to  
 > greater than  
 < less than