



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

**Statistical Report of  
Bluewater Health  
for the 2014 Reporting Year**

under the  
*Personal Health Information Protection Act*

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Section 1: Identification

1.1 Organization Name	Bluewater Health
Management Contact Name & Title	Karen Waymouth, Integrated Director/Health Information Management
Management Contact E-mail Address	kwaymouth@ckha.on.ca
Primary Contact Name & Title	Diane Carrothers / Supervisor, Health Records
Primary Contact Email Address	dcarrothers@bluewaterhealth.ca
Primary Contact Phone Number	519-464-4400 ext. 5646
Primary Contact Fax Number	519-336-0375
Primary Contact Mailing Address 1	89 Norman Street
Primary Contact Mailing Address 2	
Primary Contact Mailing Address 3	
Primary Contact City	Sarnia
Primary Contact Postal Code	N7T 6S3
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 <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 <i>Personal Health Information Protection Act</i> subsection 16(1).	0
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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.

444

**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

430

4.2 Over 30 days with an extension

0

4.3 Over 30 days without an extension

14

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

444

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)

430
14
444

**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)

444
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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.

0

**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)

**Personal Health Information**

444
0
0
0
0
0
0
0
0
0
444

Box 6.10 MUST BE GREATER THAN OR EQUAL TO Box 3.1

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

0
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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.)

	<b>Personal Health Information</b>
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	38
8.2 Number of requests where fees were waived — in full	406
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)	406
8.5 Total dollar amount of fees collected	\$1,165.00
8.6 Total dollar amount of fees waived	\$12,155.00

**Section 9: Corrections and Statements of Disagreement**

	<b>Personal Health Information</b>
9.1 Correction requests completed	3

What course of action was taken for each request completed to correct **personal health information**?

9.2	Correction(s) made in whole	2
9.3	Correction(s) made in part	1
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)	3
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, 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/Ontario, is true, accurate

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*