



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

**Statistical Report of  
Bluewater Health  
for the 2012 Reporting Year**

under the  
*Personal Health Information Protection Act*

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## Section 1: Identification

1.1	Organization Name*	Bluewater Health
	Management Contact Person under PHIPA / Title*	Karen Waymouth, Integrated Director/Health Information Management
	Management Contact Person under PHIPA E-mail Address*	kwaymouth@ckha.on.ca
	Primary Contact Person for This Report / Title*	Karen Waymouth, Integrated Director/Health Information Management
	Primary Contact Mailing Address 1*	89 Norman Street
	Primary Contact Mailing Address 2	
	Primary Mailing Address 3	
	Primary Contact City*	Sarnia
	Primary Contact Postal Code*	N7T 6S3
	Primary Contact Email Address*	kwaymouth@ckha.on.ca
	Primary Contact Phone Number*	519-464-4400 ext. 8207
	Primary Contact Fax Number	
1.2	Your Institution Is*:	Hospital under the Public Hospitals Act
	Ministry Name:	
	Is the Minister the head of your institution?*	No
1.3	Specify the type of Health Information Custodian (check only one box if your institution has more than one type of health information custodian, you must submit a separate report for each type)*:	Hospitals (A person who operates one of the following facilities): hospital within 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 <i>Personal Health Information Protection Act</i> (PHIPA) subsection 16(1).	0
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### Section 3: Number of Requests Completed

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

<b>Personal Health Information</b>
248

### Section 4: Time to Completion

How long did your institution take to complete 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 (4.1 to 4.3 = 4.4)

<b>Personal Health Information</b>
246
0
2
248

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: 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 ( $5.3 + 5.6 = 5.7$ ) and ( $5.7$  **must equal** 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 not issued.	246
5.2 Number of requests completed in excess of the statutory limit (30 days) where a Time Extension Notice (subsection 54(4)) was not issued.	2
5.3 Total ( $5.1 + 5.2 = 5.3$ )	248

### B. Issued A Time Notice 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)).	0
5.5 Number of requests completed in excess of the time limit permitted under the Time Extension Notice (subsection 54(4)).	0
5.6 Total ( $5.4 + 5.5 = 5.6$ )	0

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

	Personal Health Information
5.7 Overall Total [ $(5.3 + 5.6 = 5.7)$ and ( $5.7$ must equal 3.1)]	248

### D. Expedited Access Requests, 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 completed within the requested time period.	0
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.	0

5.10 Total (5.8 + 5.9 = 5.10)

0
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### Section 5(a): Contributing Factors

Please outline any factors which may have contributed to your institution not meeting the 30 day time limit. If you anticipate circumstances 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.

	Personal Health Information
6.1 Full access provided	248
6.2 Partial access provided: provisions applied to deny access	0
6.3 Partial access provided: no record exists or cannot be found	0
6.4 Partial access provided: record outside of <i>PHIPA</i>	0
6.5 No access provided: provisions applied to deny access	0
6.6 No access provided: no record exists or cannot be found	0
6.7 No access provided: record outside of <i>PHIPA</i>	0
6.8 Other completed requests, e.g. withdrawn or never accessed	0
6.9 Number of requests from box 6.8 that were not accessed following a fee estimate	0
6.10 TOTAL REQUESTS (EXCLUDING 6.9) (6.1 TO 6.8 = 6.10)	248
6.11 TOTAL REQUESTS denied access in whole or in part where a provision of <i>PHIPA</i> was applied (6.2 + 6.5 = 6.9)	0

Box 6.11 Must be Less Than or Equal to Box 7.12

## 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 Tests	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) -- MFIPPA s.38(a) or (c) Or FIPPA subsections 49 (a),(c) or (e) apply	0
<b>7.11</b>	Section 54(6) -- Frivolous or Vexatious	0
<b>7.12</b>	TOTAL (7.1 to 7.11)	0

Box 7.12 Must be Greater Than or Equal to Box 6.11

## 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	42
<b>8.2</b>	Number of requests where fees were waived -- in full	206
<b>8.3</b>	Number of requests where fees were waived -- in part	0
<b>8.4</b>	Total number of requests where fees were waived (8.2 + 8.3 = 8.4)	206
<b>8.5</b>	Total dollar amount of fees collected	1682.50
<b>8.6</b>	Total dollar amount of fees waived	840.00

## Section 9: Corrections and Statements of Disagreement

9.1 Correction requests completed

Personal Health Information
3

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

9.2 Correction(s) made in whole

Personal Health Information
1

9.3 Correction(s) made in part

0
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9.4 Correction(s) refused

0
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9.5 Correction(s) withdrawn by requester

2
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9.6 TOTAL(9.2 to 9.5 = 9.6)

3
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9.7 Number of correction requests with statements of disagreement attached where corrections were refused in whole or in part. (subsection 55(11))

Personal Health Information
0

9.8 Number of times notifications sent (subsection 55(10)(c))

Personal Health Information
1



**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 and complete in all respects.

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*Signature*

*Date*