

	Policy/Procedure Name:	Processing Freedom of Information Requests
Manual: Administration	Number:	
Section: Risk Management	Effective Date:	01 Dec 2012
Pages: 1 of 71	Revision Date:	15 JUNE 2021

Purpose

This policy will guide Muskoka Algonquin Healthcare (MAHC) in meeting its legal obligations and in maintaining an open, transparent and accountable culture while protecting the privacy of patients, clients and Staff.

Scope

This policy applies all MAHC Staff and to all records in MAHC’s custody or control, including all administrative and business records created in the conduct of MAHC business. This policy does not apply to personal health information.

Policy Statement

MAHC will strive to meet the spirit of openness and accountability as set out in FIPPA as well as comply with its specific provisions. MAHC will:

- Treat all FOI applicants fairly and equitably
- Make every reasonable effort to respond to FOI requests openly, accurately and completely and without delay, in accordance with timelines set out in FIPPA

Definitions

Freedom of Information Requests (FOI): *The Freedom of Information Privacy Protection Act (FIPPA) establishes a right for every person to access information held by the hospital, and provides a formal process for people (anyone from anywhere) to exercise that right by making an FOI request for a record in the custody or control of the hospital on or after January 1,2007.*

FOI requested supplements and does not replace other methods that patients, employees, news media and members of the public may currently use to obtain information from MAHC.

A Record: There are two categories of FOI requests:

- Request for one’s own information (except for a request for personal health information).
- General records request

(See Appendices for any detailed information required)

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Procedure - Steps to follow to process a FIPPA Request

Processing of FOI requests is done by the manager of Health Information Services.

Threshold Considerations	1. Open a file <ul style="list-style-type: none"> • <i>date stamp request</i> • <i>assign a tracking number</i> • <i>enter into tracking log</i> • <i>acknowledge receipt</i> • <i>establish deadline to respond to requester</i>
	2. Is the request complete and clear? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no:</i> <ul style="list-style-type: none"> • <i>contact requester for clarification</i>
	3. Is the request frivolous or vexatious? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes:</i> <ul style="list-style-type: none"> • <i>document decision to treat request as frivolous or vexatious</i> • <i>specify reasonable evidence used to make that decision</i> • <i>provide written notice to requester stating reasons why RVH considers request to be classified as frivolous or vexatious</i>
	4. Is the request contentious? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes:</i> <ul style="list-style-type: none"> • <i>convene parties required to handle contentious requests (ie: communications)</i>
	5. Are the relevant records in the hospital's custody or control? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Forward/transfer the request to another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes:</i> <ul style="list-style-type: none"> • <i>forward request to other institution along with application fee</i> • <i>provide written notice to requester that request was forwarded and to whom it was forwarded to</i> • <i>request must be forwarded within 15 calendar days from date of receipt</i>
	7. Is it obvious that relevant records are entirely excluded?

Search Process	8. Conduct reasonable search for records <ul style="list-style-type: none"> • <i>Consult records inventory/records index to identify affected program areas</i> • <i>Meet with relevant program areas to establish search guidelines and consult on content of responsive records</i> • <i>If extensive search warrants the collection of fees, establish fee estimate and request deposit from requester</i>
	9. Consider exemptions and exclusions

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	10. Viewing of original records <ul style="list-style-type: none"> • <i>establish security measures to protect original records, location/space for viewing</i>
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Outcome	11. Notify affected parties, consider submissions
	12. Sever excluded or exempt information from records
	13. Provide decision letter <ul style="list-style-type: none"> • <i>Provide decision in writing to the requester prior to 30 day deadline</i>
	14. Any release of records (subject to payment of any fees)?
	15. Consider publicly posting the request

Notes

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Appendix 1 - Fees

The hospital is permitted to charge certain fees in connection with responding to an FOI request. Section 57(1) of FIPPA outlines those costs incurred by the hospital that can be charged to the requester as fees, namely:

- (a) the costs of every hour of manual search required to locate a record;
- (b) the costs of preparing the record for disclosure;
- (c) computer and other costs incurred in locating, retrieving, processing and copying a record;
- (d) shipping costs; and
- (e) any other costs incurred in responding to a request for access to a record.

Some of these fees are prescribed by FIPPA Regulation 460. The table below outlines the fees that can be charged in connection with a general records request and the fees that can be charged in connection with a personal information request.

Fees for a General Record Request	Amount / Rate
<i>s. 57(1) FIPPA, s. 6 Reg. 460</i>	
Photocopies and computer printouts	\$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 by any person
Preparing a record for disclosure, including severing a part of the record	\$7.50 for each 15 minutes spent by any person
Developing a computer program or other method of producing a record from a machine readable record	\$15.00 for each 15 minutes spent by any person
Costs, including computer costs, incurred in locating, retrieving, processing and copying the record(s) if those costs are specified in an invoice received by the hospital	Actual costs incurred

Fees for a Personal Information Request	Amount / Rate
<i>s. 57(1) FIPPA, s. 6.1 Reg. 460</i>	
Photocopies and computer printouts	\$0.20 per page
Records provided on CD-ROMs	\$10.00 for each CD-ROM
Developing a computer program or other method of producing a record from a machine readable record	\$15.00 for each 15 minutes spent by any person
Costs, including computer costs, incurred in locating, retrieving, processing and copying the record(s) if those costs are specified in an invoice received	Actual costs incurred

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Appendix 2 - Determining a Fee Estimate and Making an Interim Decision

The following checklist and material is adapted from Fees, Fee Estimates and Fee Waivers for requests under the Freedom of Information and Protection of Privacy Act and the Municipal Freedom of Information and Protection of Privacy Act: Guidelines for Government Institutions, by the Information and Privacy Commissioner of Ontario.

How to Determine a Fee Estimate and an Interim Decision

Calculating a reasonable fee estimate can be challenging. Coming up with an interim decision may also be difficult – particularly if the volume of records is high and the interim decision is based on a sample of records.

When trying to determine a fee estimate and an interim decision, you will need to:

- Review a representative sample of the relevant records and/or consult with hospital personnel who are familiar with the records.
- Determine each type of fee that may be relevant. See the discussion below under the heading “What to Consider When Estimating Fees.”
- Estimate the likely number of pages. It may also be helpful to estimate the minimum number of pages.
- Determine which exemptions will likely apply to the records.
- Determine the likely degree of severing – whether low, moderate or extensive.
- Determine the degree to which the requester will likely be given access to complete records – it may be useful to frame this in terms of the percentage of records to which complete access will likely be granted.

What to Consider When Estimating Fees

- **Search time.** *When calculating search time, the hospital should determine:*
 - the actions necessary to locate the requested records, taking into consideration how the records are stored and maintained; and
 - the actual amount of time needed in each step of locating the requested records.

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- **Preparation time.** Fees for preparation time apply only to the actual records to be disclosed. Preparation for disclosure includes the amount of time spent:
 - running reports from a computer system; and
 - severing a record
 - generally, the permitted preparation time for severing records is two minutes per page (for pages that require multiple severances)
 - in some circumstances, the permitted preparation time may be less or more than two minutes per page

Note: Preparation for disclosure does not include time spent:

- deciding whether to claim an exemption;
 - identifying records that require severing;
 - identifying and preparing records that require third party notice;
 - packaging records for shipment;
 - transporting records to the mailroom or arranging for courier service;
 - for a computer to compile and print information;
 - assembling information and proof-reading data;
 - photocopying (as the time to photocopy records is part of the photocopy fee); and
 - preparing an index of records.
- **Photocopies and computer printouts.** In calculating photocopy and computer printout costs, the hospital may charge a fee for each page that is photocopied and/or printed from the computer.
 - **Computer costs.** In calculating computer costs, the hospital may charge a fee for:
 - the cost of developing a computer program to produce a record; and
 - other costs for which the hospital has been invoiced, including computer costs, for locating, retrieving, processing and copying the records.
 - **Other costs.** The regulations to FIPPA permit the recovery of “other costs” resulting from the request. The IPC has found that these “other costs” are intended to cover general administrative costs similar in nature to those listed above, but not specifically mentioned.

Other costs do not include:

- time spent responding to the requester;
- time spent responding to the IPC during the course of an appeal;
- legal costs associated with the request; and
- costs, even if invoiced, that would not have been incurred had the request been processed by the hospital’s staff

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Appendix 3 - Fee Estimate and Interim Decision Worksheet

The following form appears at Appendix B to Fees, Fee Estimates and Fee Waivers for requests under the Freedom of Information and Protection of Privacy Act and the Municipal Freedom of Information and Protection of Privacy Act: Guidelines for Government Institutions, by the Information and Privacy Commissioner of Ontario.



Appendix B — Sample Fee Estimate and Interim Access Decision Calculation Form

Fee Estimate and Interim Access Decision Calculation Form

To be completed by the employee conducting the search for the representative sample and/or consulting with experienced employees.

Complete this form if the fee is estimated to be \$100 or more (typically **greater than 3 hours** of search time). Please keep detailed notes of the search — in the event of an appeal, you may be required to defend the extent of the search by providing a sworn affidavit or by giving evidence at an oral inquiry.

Please note: Before you begin, please re-read the text of the request to ensure you understand exactly what the applicant is requesting, then consider whether you have any records which would be responsive. If you are unsure about the scope of the request, please contact the Information and Privacy Unit at [TELEPHONE NUMBER].

Where the estimate of the amount payable is \$100 or more, your search may be based on a representative sample and/or consultations with knowledgeable institution staff that are familiar with the type and content of the records.

Whether you choose to do a representative sample and/or consultations with experienced staff, all types of records (e.g., paper and electronic files, special media) should be searched and/or discussed. If searching a representative sample, you should check at least half of a file drawer, storage box and/or computer file/folder. An average one-inch paper file folder holds approximately 150–200 (single-sided) pages.

I. Fee estimate based on searching a representative sample

Search time

What places were searched (e.g., what files in which offices or file rooms – for example, legal department, enforcement branch, etc.)

Methods/processes used to conduct the search and types of files searched (e.g., searching e-mail, other electronic files, paper files, file lists, off-site file lists, microfiche, etc.)

Determine whether the records contain the personal information of the requester. If so, the institution cannot charge a fee for manually searching for these records

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	PAGES	HOURS
Number of hours to search the sample		
Estimated number of hours to complete entire search		
Number of pages of responsive records found in the sample		
Estimated total number of pages responsive to the request		
Preparation time (note: average time to sever = 2 minutes per page) and Photocopying		
Number of pages in the sample requiring partial or full severances (e.g., third party information, another individual's personal information)		
<i>Note: The institution cannot charge a fee for preparing a record for disclosure containing the requester's personal information</i>		
Number of pages in the sample to be photocopied		
Estimated total number of pages to be photocopied		
Other costs		
Number of hours of computer programming (if applicable) required to retrieve the responsive records		
Other costs, if any, incurred in searching the sample _____ (type)		
Estimated total fee including, where applicable: search time; preparation time; computer and other costs in locating, retrieving, processing and copying, and shipping costs		
Name(s) and titles of any staff contacted during the search		

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II. Fee estimate based on consultation with employees

Name(s) and titles of employees involved in consultations

Search time

What files were discussed (e.g., what files in which offices or file rooms – for example, legal department, enforcement branch, etc.)

Determine whether the records are likely to contain the personal information of the requester. If so, the institution cannot charge a fee for manually searching for these records

	PAGES	HOURS
Estimated number of hours to complete entire search		
Estimated total number of pages responsive to the request		
Preparation time (note: average time to sever = 2 minutes per page) and Photocopying		
Estimated number of pages requiring partial or full severances (e.g., third party information, another individual's personal information)		
<i>Note:</i> The institution cannot charge a fee for preparing a record for disclosure containing the requester's personal information		
Estimated number of pages to be photocopied		
Other costs		
Estimated number of hours of computer programming (if applicable) required to retrieve the responsive records		
Estimated other costs, if any _____ (type)		
Estimated total fee including, where applicable: search time, preparation time, computer and other costs in locating, retrieving, processing and copying, and shipping costs		
Estimated total number of pages for the entire responsive records package		

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III. Preparing an interim access decision

Is the requester likely to be given access to the requested records, in whole or in part?

Exemptions or other provisions that may apply (in the absence of any cited exemptions, it is reasonable for a requester to infer the records will be released in their entirety upon payment of the required fee)

Description of types of records _____

Degree of disclosure (e.g., 10, 50, or 95 per cent of total records and/or the estimated number of pages or parts of pages to which access will be granted)

Degree of severing for parts of records (i.e., low, moderate or extensive)

Request #: _____

Name: _____

District/Region: _____

Position/Responsibilities: _____

Telephone Number: _____

Date(s) of search: _____

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Appendix 4 - Internal Memorandum to Department or Program Area
Regarding a FOI Request

This is an internal document to advise a department or program area of an FOI request. FIPPA does not impose any requirements relating to this document.

MEMORANDUM TO: [Name of Contact and Unit/Department/Program Area]

OUR REFERENCE: Request [#]

SUBJECT: Freedom of Information Request

The attached request was made under the Freedom of Information and Protection of Privacy Act and concerns records which we believe to be in the custody of your [unit/department/area]. Please review the request and conduct a search for the records.

Your response to this request should be forwarded to this office, to be received on or before [date], and should include:

1. legible copies of the records (if too voluminous to copy, please contact us);
2. an indication of the number of photocopies made in response to this request and a tally of the person-hours spent searching for the record(s); and
3. your written recommendations regarding disclosure.

If the records are not in the custody of your area please provide a “nil” response. It should be noted that “nil” responses may require an affidavit at a later date; therefore, please note:

- the date, time and location of the searches conducted;
- the names and positions of the personnel involved in the search;

[Optional, but highly recommended.]

- evidence that the personnel were knowledgeable and understood the subject matter of the search;
- the names and positions of any individuals who were consulted as part of the search;
- the type and location of files searched;
- how the search was conducted; and
- information about the results of the search.]

Upon receiving your reply, we will review your findings and the requested records and if necessary, consult with our legal counsel before preparing the notification to the requester.

Any decision to apply an exemption will be reviewed with [the Head / delegated decision maker] before it is sent to the requester.

If you have any questions please call me at [telephone #]

[Freedom of Information and Privacy Coordinator / other officer who has been delegated relevant powers and duties]

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cc. [any appropriate persons]

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Appendix 5 - Form of Records Search Affidavit

To be used by the personnel who coordinated the search for records where the reasonableness of the search is challenged and the IPC requests a sworn statement by the personnel concerning the nature of the search.

AFFIDAVIT

OF [Name of person swearing/completing the affidavit]

I [full name of deponent] of the [City, Town etc.] of

in the [County, Regional Municipality, etc.] of

MAKE OATH AND SAY (or AFFIRM):

[Set out the statements of fact in consecutively numbered paragraphs, with each paragraph being confined as far as possible to a particular statement of fact. Suggested items are:

1. position at hospital and role in conducting search for records;
2. the name and position of any hospital personnel who was involved in the search for records – insert additional paragraph(s) for each individual involved in the search;
3. the date(s) the personnel conducted the search for records;
4. any evidence that the personnel involved in the search for records were knowledgeable and understood the subject matter of the search;
5. the names and positions of any individuals who were consulted as part of the search for records (who have not already been mentioned);
6. the type and location of files searched;
7. information about how the search for records was conducted (e.g., I determined that the files referred to above at 6 were the most relevant to the search on the basis of the inventory of records that my department prepared in 2011 (which has been routinely updated); moreover, I performed a manual search of all files related to [insert the type/topic of record requested] that are in the custody or control of my department);

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8. information about the results of the search for records (e.g., after performing the search described above, I was unable to locate any records that are relevant to the request).]

Sworn (or Affirmed) before me at the [City, Town etc.] of

_____, on (date) _____

 A Commissioner, etc.

[Commissioned by internal legal counsel or other individual who is a Commissioner of Taking Affidavits]

 (Signature of deponent)

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Appendix 6 - Research Agreement

This is a form of research agreement that is prescribed by s.10 of Regulation 460. This form of agreement is used if the hospital wants to disclose personal information for research purposes (and the disclosure is otherwise consistent with s.21(1)(e)). Although this form is prescribed, it is advisable that you consider whether the particular circumstances of the research or the personal information require additional provisions to be added to the agreement – in which case you may wish to consult with your legal department or legal advisors.

This agreement is made between:

[HOSPITAL] (referred to as the “Hospital”), and

[RESEARCHER] (referred to as the “Researcher”).

The Researcher has requested access to the following records containing personal information in the custody or the control of the Hospital (the “Personal Information”):

[Describe the records containing personal information.]

The researcher understands and promises to abide by the following terms and conditions in connection with the Hospital granting the Researcher access to the Personal Information:

1. The Researcher will not use the Personal Information in the records for any purpose other than the following research purpose unless the researcher has the hospital’s written authorization to do so:

[Describe the research purpose.]

2. The Researcher will restrict access to the Personal Information (in a form in which the individual to whom it relates can be identified) to the following persons (“Permitted Persons”):

[Identify the persons to whom access to Personal Information is permitted.]

3. Before disclosing Personal Information to the Permitted Persons, the Researcher will enter into an agreement with those persons to ensure that they are bound by obligations that are substantially similar to those imposed on the Researcher by this agreement.

4. The Researcher will keep the Personal Information in a physically secure location to

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Researcher stores any Personal Information on a mobile digital device, he or she will ensure that information on the device is properly encrypted.

5. At the Hospital's written request, or prior to **[date]**, the Researcher will destroy all individual identifiers in the Personal Information so that the Personal Information is rendered anonymous.
6. The Researcher will not contact any individual to whom the Personal Information relates, whether directly or indirectly, without the prior written consent of the Hospital.
7. The Researcher will ensure that no Personal Information is used or disclosed in a form in which the individual to whom it relates can be identified unless the Hospital provides specific written consent to do so.
8. The Researcher will notify the Hospital in writing immediately: (a) upon becoming aware that any of the conditions set out in this agreement have been breached; or (b) if the Researcher has a reasonable suspicion that any of the conditions set out in this agreement have been breached.
9. The Researcher acknowledges that the Hospital is subject to the *Freedom of Information and Protection of Privacy Act*. The Researcher agrees to provide reasonable and prompt assistance to the Hospital to enable the Hospital to comply with that Act in respect of the Personal Information.
10. This agreement is governed by the laws of the Province of Ontario.

This agreement is entered into as of **[date]**.

[RESEARCHER ORGANIZATION NAME, if applicable]

[HOSPITAL NAME]

By:

[Name of person signing for Researcher]
[Title of person signing for Researcher]

By:

[Name of person signing for Hospital]
[Name of person signing for Hospital]

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[Researcher address]

[Hospital address]

[Researcher contact person telephone]

[Hospital contact person telephone]

[Researcher contact person fax]

[Hospital contact person fax]

[Researcher contact person email]

[Hospital contact person email]

Appendix 7 - Request for Waiver of Notice to Individual of Collection of Personal Information

If the hospital wishes to collect personal information, but intends to do so indirectly and without notifying the affected individual, the hospital must comply with s. 39(2) of FIPPA. This requires that the hospital obtain a waiver from the responsible minister. The following form is intended to help the hospital frame its waiver request. It ensure that the hospital provides the responsible minister with relevant information.

1. Institution: <*>
2. Description of Information to be Collected: <*>
3. Authority for Collection: <*>
4. Manner of Collection:
 - directly from the individual to whom the information relates; or
 - indirect collection pursuant to s.39(1) FIPPA.
5. Anticipated number of individuals in respect of whom Waiver is sought: <*>
6. Use of Personal Information Collected:
 - Describe Purpose of Collection: <*>
 - S.41, 42 FIPPA, Authorization for Use: <reference section number>
 - Use listed in Directory
 - Yes

Last Reviewed Date: 06/15/2021 00:00:00	<input type="checkbox"/> No (explain): <*>	Signing Authority: Senior Leadership Team
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7. Reason for Waiver:

[Note: Delete any that do not apply; add others that do apply, if applicable.]

Notification Frustrates Purpose of Indirect Collection

Statutory Authority for Indirect Collection

Administrative Burden/Cost of Notification

Authorization of Commissioner

Implied Consent

Collection is from another Institution which has notified Individual

Other (explain): <*>

Explain why notification cannot be given.

8. Other material attached: [Insert any additional material in support of the reason(s) provided at 7]

Date: <*>

[Signed by Head of hospital or a delegate]

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Appendix 8 - Law Enforcement: Personal Information Request Form

The personal information is requested under section 42(1)(g) of the *Freedom of Information and Protection of Privacy Act* which provides for its indirect collection for the purpose of aiding a law enforcement investigation or from which a law enforcement proceeding is likely to result.

This section to be completed by Hospital Personnel

Name of Hospital Personnel Receiving Request:

Description of Records Requested:

File Location/Department:

Record Title:

This section to be completed by attending Law Enforcement Officer (including: [Local/City] Police Services, OPP, RCMP, Correctional Service of Canada, Ontario Ministry of Correctional Services).

Subject Name _____

Occurrence No. _____ or Warrant of Apprehension No. _____

Copies Requested _____ Review Original Records _____ Take Original Records * _____
 * released under only under court order

Name of Law Enforcement Agency:

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Signature of Investigating Officer

Badge/ID No.

Date

Signature of Hospital Personnel Releasing Records

Date

This **ORIGINAL** form must be retained for a minimum of one year and may only be destroyed under a records retention schedule. To protect privacy, it must be maintained separate from other information about the individual and be stored in such a way that it may be produced as required. Should you have any questions about this form, please contact: **[contact person / contact info]**.

Appendix 9 - Notification to Requester of Receipt of Request

This notification letter is normally the first item of correspondence that is sent to the requester. Although not required, it is used to acknowledge receipt of a request. This letter may also be used to (i) notify the requester that further information/clarification is required or (ii) to notify the requester that the request is being transferred or forwarded.

[Date]

[Requester's name and address]

Dear _____:

Re: Request Number [#]

Thank you for your access request under the *Freedom of Information and Protection of Privacy Act* which we received on **[insert date]**. We **[received OR have waived]** your \$5.00 application fee and note that your request is for access to the following:

[insert details of records requested]

[Option: If further information/clarification required.]

Unfortunately, your request does not provide sufficient detail to identify the record(s). Please supply the following information so that we may begin to process your request:

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[insert details of information needed]

We would be happy to answer any questions or assist you in clarifying or reformulating your request.

If we do not hear from you within 30 days of this letter's date, we will close your file.

[Option: If request is to be transferred/forwarded – also, attach section 25 of the Act to the letter]

[Name and address of other institution] has **[custody or control of OR a greater interest in]** the records you seek. Under section 25 of the Act, we **[forwarded OR transferred]** your access request to them, **[together with your application fee]**.

[If the letter includes a notice that the request is being transferred or forwarded, or a request for clarification, either can be appealed. Add the following, as applicable.]

[You may appeal this decision to [transfer/forward] your request to the Information and Privacy Commissioner.]

[You may appeal our request for clarification to the Information and Privacy Commissioner.]

The Commission can be reached at:

Registrar
 Information and Privacy Commissioner/Ontario
 1400-2 Bloor Street East
 Toronto, Ontario
 M4W 1A8

Please contact **[name, title and phone number of person responsible]** if you have any questions about our handling of your request.

We would appreciate you using the request number assigned to your request in any further correspondence.

Sincerely,

[signed by Head or delegate]

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Appendix 10 - Notice to Institution Receiving a Transferred/Forwarded Request

This letter is used to notify another institution that a request is being transferred or forwarded to that institution by your hospital.

[Date]

[Name and address of transferee hospital]

Dear _____:

Re: Request Number [#]

The enclosed request for access was received on **[date]**.

This request is **[transferred OR forwarded]** to you under section 25 of the Freedom of Information and Protection of Privacy Act as we believe your institution has **[custody or control of OR a greater interest in]** the record.

[We have enclosed payment of the \$5 application fee made to us by the requester.]

Sincerely,

[signed by Head or delegate]

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Appendix 11 - Notice of Time Extension

*This letter is used to notify the requester that your hospital is extending the time to respond to the request. Remember to enclose a copy of section 27 of FIPPA. If you believe that it is likely that the recipient will appeal the matters raised in this letter, you may wish to include some additional information about the appeal process (see Appendix **Error! Reference source not found.**), however this is optional.*

[Date]

[Name and address of requester]

Dear _____:

Re: Request Number [#]

Thank you for your access request under the Freedom of Information and Protection of Privacy Act which we received on **[insert date]**. We **[received OR have waived]** your \$5.00 application fee and note that your request is for access to the following:

[insert details of records requested]

A request under the Act usually must be answered within 30 calendar days, however section 27 of the Act (enclosed) allows for time extensions under certain circumstances. The time limit for answering your request has been extended for an additional **[insert number]** days to **[insert date]**.

The reason for the time extension is **[insert reason]**

You may request that our decision to extend the time limit be reviewed by the Information and Privacy Commissioner. The Commissioner can be reached at:

Registrar
 Information and Privacy Commissioner/Ontario
 1400-2 Bloor Street East
 Toronto, Ontario
 M4W 1A8

Please contact **[name, title and phone number of person responsible]** if you have any questions.

We would appreciate you using the request number assigned to your request in any further

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Sincerely, **[signed by Head or delegate]**

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Appendix 12 - Interim Decision Letter / Fee Estimate

The hospital has the option of providing the requester with an interim decision letter if the estimated fees for processing the request are \$100 or more. An interim decision letter is also used to notify the requester of the requirement for a deposit in order for the hospital to process the request. Because the fees are relatively high (and could greatly exceed \$100), this letter and the accompanying fee estimate allow the requester to make an informed decision as to whether to proceed with the request. It is recommended that you enclose a copy of section 57 of the Act and the relevant regulation, Regulation 460. If you believe that it is likely that the recipient will appeal the matters raised in this letter, you may wish to include some additional information about the appeal process (see Appendix Error! Reference source not found.), however this is optional

[Date]

[Requester's name and address]

Dear _____:

Re: Request Number [#]

Thank you for your access request under the Freedom of Information and Protection of Privacy Act which we received on **[insert date]**. We **[received OR have waived]** your \$5.00 application fee and note that your request is for access to the following:

[insert details of records requested]

[include any discussions with the requester regarding a narrowing of the request.]

The Act contemplates a user-pay principal. Based on our review of a representative sample of the records obtained from the **[list names of all program areas, departments and offices involved]**, I estimate that there are approximately **[#]** pages of records relevant to your request and the total fees to process your request will be approximately **[amount]**.

The fee estimate is based on the following:

[Note: Fee estimates should be broken down by program area (e.g. by department or office that incurred the costs).]

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Search: [#] hours @ \$30 per hour = [amount]

[Note: Estimates must include any fees to sever relevant records. This is often expressed as a percentage of the relevant records that will be severed, multiplied by 2 minutes per page.]

Preparation: [#] hours @ \$30 per hour = [amount]

(approximately [%] per cent of relevant records will have severances — possibly [#] pages @ 2 minutes per page = [#] hours)

Photocopying: [#] pages @ \$0.20 per page = [amount]

As we have not yet reviewed the records in detail, no final decision has been made regarding access but **[insert any comments about the percentage of records to which access will be granted (if applicable or determinable), or some other estimate of the extent to which access is likely to be granted]** and that the following exemptions **[and exclusions]** will likely apply. **[generally describe what exemptions might apply to the records].**

[Example: Based on the review of the representative sample, we estimate that partial access to the records will be granted. Specifically, the exemptions in sections 17(1)(a) and (c) and possibly section 21(1) may apply to a small portion of some of the relevant records under items 1 and 2. The majority of records in item 3 may be exempt under sections 13(1) and 17(1)(a) and (c).]

Section 7 of Regulation 460 to the Act states that where the fee estimate is \$100 or more, the hospital may request a deposit equal to 50% of the estimated fee before taking further steps to respond to the request for access. Based on the fee estimate outlined above, we will wait until we receive the amount of **[enter amount]** from you before we continue to process your request.

The Act provides that all or part of the fee can be waived if, in our opinion, it:

- is fair and equitable to do so (having regard to the actual cost of processing, collection and copying of the record, whether you are given access to the record, and if the amount is too small to justify requiring payment);
- if the fee will cause you financial hardship; or
- if dissemination of the record will benefit public health or safety.

If you wish to ask for a waiver of the fee, please notify **[insert name, title and phone number]** as soon as possible. You may be required to provide proof to support any waiver claims.

If you disagree with any aspect of the fees, or wish to revise your request, please discuss the matter with us. Afterward, you may request that this fee estimate be reviewed by the

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Information and Privacy Commissioner. **[As we have not made a final decision, you are not entitled to appeal the grounds on which we may deny access that are noted above.]** The Commissioner can be reached at:

Registrar
 Information and Privacy Commissioner/Ontario
 1400-2 Bloor Street East
 Toronto, Ontario
 M4W 1A8

Please note that you have 30 days from the receipt of this letter to request a review from the Commissioner. If we have not heard from you within 30 days we will close your file.

[Optional – but highly recommended] **[Enclosed is a copy of section 57 of the Act and the relevant regulation, Regulation 460].**

Please contact **[name, title and phone number of person responsible]** with any questions.

We would appreciate you using the request number assigned to your request in any further correspondence

Sincerely,

[signed by Head or delegate]

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Appendix 13 - Notice to Affected Third Party - Section 17: Third Party Information

This letter is used to notify an affected third party that the hospital is considering whether to disclose records in which that third party has an interest. That interest must be proprietary or economic in nature – privacy interests are the subject of a difference exemption (section 18).

This letter invites the third party to make submissions concerning whether or not the third party information exemption at s. 17 of FIPPA applies to the records. Remember to enclose copies of the records that relate to the third party (after severing any information that must not, or may not, be disclosed to the third party under FIPPA).

[Date]

[Name and address of affected third party]

Dear _____:

Re: Request Number [#]

The **[name of hospital]** has received a request for access to records under the Freedom of Information and Protection of Privacy Act. Ontario hospitals became subject to that Act on January 1, 2012.

The request is that the hospital disclose **[describe in detail the records as they relate to the section 17 affected third party]**.

The hospital **[is considering whether to disclose OR intends to disclose]** the enclosed records. According to section 28 of the Act, a third party whose interests may be affected by this disclosure must be given the opportunity to make representations to the Head of an institution concerning disclosure of the records.

To successfully qualify for a third party exemption, *all* of the following three tests must be met:

- (1) the information must fit within one of the specified categories of third party information: a trade secret or scientific, technical, commercial, financial or labour relations information; and
- (2) the information must have been *supplied* by the third party *in confidence*, implicitly or explicitly; and

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- (3) the disclosure of the information could *reasonably be expected* to cause one of the harms indicated below:
- prejudice significantly the competitive position of, or interfere significantly with the contractual or other negotiations of, a person, group of persons, or organization (which can include your organization); and/or
 - result in similar information no longer being supplied to **[name of hospital]** where it is in the public interest that similar information continue to be supplied to us; and/or
 - result in undue loss or gain to any person, group, committee or financial institution or agency.

If all three of the numbered conditions above are met, then the record (or portions of the record) can be withheld from disclosure under section 17 of the Act. We must release any record (or any portion of the record) that does not meet the above conditions.

If you have concerns about the release of the records please contact us, in writing, no later than [insert date that is 20 days after the notice is given] outlining your concerns. In order to support your claims against the release of the records (or portions of the records), you must show how those records (or portions of the records) meet all of the criteria listed above.

If you do not provide a response, we will assume that you do not object to the disclosure of these records or that you do not consider the records to meet the above criteria.

We will notify you in writing by [insert date 30 days after the notice is given] about our decision regarding the release of the records. This decision will take into account any information that you provide to us prior to the above-noted deadline. These time periods are required by section 28(2)(c) and 28(7) of the Act.

[Optional – but highly recommended] Enclosed are copies of sections 17 and 28 of the Act for your convenience and information.

Please contact **[name, title and phone number of person responsible]** if you have any questions.

We would appreciate you using the request number assigned to the request in any correspondence.

Sincerely,

Last Re[signed by Head or delegate] 00:00	Signing Authority: Senior Leadership Team
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Appendix 14 - Notice to Affected Third Party - Section 21: Personal Information

This letter is used to notify an affected individual that the hospital is considering whether to disclose records that contain that individual's personal information. This letter invites the individual to make submissions concerning whether or not the disclosure of the information would constitute an unjustified invasion of privacy (per s. 21 of FIPPA.)

[Date]

[Name and address of affected individual]

Dear _____:

Re: Request Number [#]

The **[name of hospital]** has received a request for access to records under the Freedom of Information and Protection of Privacy Act. Ontario hospitals became subject to that Act on January 1, 2012.

The request is that the hospital disclose **[describe in detail the records as they relate to the affected individual]**.

The hospital **[is considering whether to disclose OR intends to disclose]** the enclosed records. Section 28 of the Act allows individuals the opportunity to make representations about the release of their personal information to a third party. Your views regarding disclosure of these records are appreciated. Please indicate in writing whether or not you consider that the disclosure of the enclosed records (or portions of these records) would be an invasion of your personal privacy.

Section 21 of the Act outlines circumstances where the disclosure of personal information may be an unjustified invasion of personal privacy, and outlines other circumstances where a disclosure must be refused.

If you have concerns about the release of the records please contact us, in writing, **no later than [insert date that is 20 days after the notice is given]** outlining your concerns.

If you do not provide a response, we will assume that you do not object to the disclosure of these records on the basis of the above criteria.

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We will notify you in writing by **[insert date 30 days after the notice is given]** about our decision regarding the release of the records. This decision will take into account any information that you provide to us prior to the above-noted deadline. These time periods are required by section 28(2)(c) and 28(7) of the Act.

[Optional – but highly recommended] Enclosed are copies of sections 21 and 28 of the Act for your convenience and information.

Please contact **[name, title and phone number of person responsible]** if you have any further questions.

We would appreciate you using the request number assigned to the request in any correspondence.

Sincerely,

[signed by Head or delegate]

encl.

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Appendix 15 - Notice to Requester Where Third Party is Affected

This letter is used to notify the requester that an affected third party has been notified, and that the period in which the hospital must respond to the FOI request has been extended. The extension is to allow the third party to consider and make submissions about whether the records are exempt due to the third party information exemption or the personal privacy exemption. The “third party” referred to in the title of this appendix may be an individual or an organization – if an individual, the notice may be with respect to the exemption for personal information or the exemption for third party information; if an organization, the notice would be with respect to the exemption for third party information.

[Date]

[Requester’s name and address]

Dear _____:

Re: Request Number [#]

Thank you for your access request under the Freedom of Information and Protection of Privacy Act which we received on **[insert date]**. We note that your request is for access to the following:

[insert details of records requested]

The disclosure of the records that are relevant to your request may affect the interests of a third party.

The third party whose interests may be affected is being given the opportunity to make representations about the release of the record(s).

A decision on whether or not the record(s) will be disclosed will be made by **[insert date 30 days after the notice is given]** pursuant to section 28 of the Act.

[Optional] Enclosed is a copy of section 28 of the Act for your convenience and information.

Please contact **[name, title and phone number of person responsible]** if you have any further questions.

We would appreciate you using the request number assigned to the request in any

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Sincerely, **[signed by Head or delegate]**

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Appendix 16 - Notice to Affected Third Party After Representations Where Head Intends to Release the Record(s)

This letter is used to notify an affected third party that the hospital intends on disclosing all or some of the records that affect that third party. The “third party” may be an individual or an organization – if an individual, the notice may be with respect to the exemption for personal information or the exemption for third party information; if an organization, the notice would be with respect to the exemption for third party information.

*This notice letter would only be sent if the notice letter at Appendix **Error! Reference source not found.** or **Error! Reference source not found.** has been sent, and the third party has responded or the time period specified in that letter has elapsed. If you believe that it is likely that the recipient will appeal the matters raised in this letter, you may wish to include some additional information about the appeal process (see Appendix **Error! Reference source not found.**) however, this is optional.*

[Date]

[Name and address of affected third party]

Dear _____:

Re: Request Number [#]

We have received and considered your representations concerning disclosure of **[details of the record(s)]**. Our decision is to grant access **[or partial access]** to the record(s). **[Give reasons for the decision]**.

Under section 28 of the Freedom of Information and Protection of Privacy Act, you may request that this decision be reviewed by the Information and Privacy Commissioner. The Commissioner can be reached at:

Registrar
 Information and Privacy Commissioner/Ontario
 1400-2 Bloor Street East
 Toronto, Ontario
 M4W 1A8

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You have until **[insert date 30 days after the notice is given]** to request a review by the Commissioner, otherwise the records will be released to the requester.

Please contact **[name, title and phone number of person responsible]** if you have any further questions.

We would appreciate you using the request number assigned to the request in any further correspondence.

Sincerely,

[signed by Head or delegate]

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Appendix 17 - Notice to Affected Third Party of Agreement with Third Party Submissions

This letter is used to notify an affected third party that the hospital will act in accordance with the third party's submissions concerning the records that affect that third party. This notice letter would only be sent if the notice letter at Appendix Error! Reference source not found. or Error! Reference source not found. has been sent, and the third party has responded. The "third party" referred to in the title of this appendix may be an individual or an organization – if an individual, the notice may be with respect to the exemption for personal information or the exemption for third party information; if an organization, the notice would be with respect to the exemption for third party information.

[Date]

[Name and address of affected third party]

Dear _____:

Re: Request Number [#]

We have received and considered your representations concerning disclosure of **[details of the record(s)]**. Our decision is to **[grant / refuse access]** in the manner set out in your representations.

Please contact **[name, title and phone number of person responsible]** if you have any further questions about this matter.

We would appreciate you using the request number assigned to the request in any further correspondence.

Sincerely,

[signed by Head or delegate]

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Appendix 18 - Notice to Requester of Extension Due to Third Party Right of Appeal

This letter is used to notify the requester that your hospital must extend the time to respond to the request because a third party has a right of appeal concerning the disclosure of the requested records.

[Date]

[Name and address of requester]

Dear _____:

Re: Request Number [#]

This letter is further to our previous letter dated **[date]**, in which we advised that the disclosure of the records that are relevant to your request may affect the interests of a third party. The third party whose interests may be affected has been given the opportunity to make representations about the release of the records. The hospital has made a decision concerning the disclosure of these records.

Under section 28 of the Freedom of Information and Protection of Privacy Act, an affected third party may request that a decision of the hospital be reviewed by the Information and Privacy Commissioner. An affected third party has 30 days from the date that it is notified of the hospital's decision, otherwise the records will be released to the requester.

The third party has until **[insert applicable date]** to request a review by the Commissioner, otherwise the records will be released to you.

Please contact **[name, title and phone number of person responsible]** if you have any further questions.

We would appreciate you using the request number assigned to your request in any further correspondence.

Sincerely,

[signed by Head or delegate]

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Appendix 19 - Notice to Requester of Third Party Appeal

This letter is used to notify the requester that an affected third party has appealed a decision of the hospital concerning the FOI request.

[Date]

[Name and address of requester]

Dear _____:

Re: Request Number [#]

This letter is further to our previous letter dated **[date]**, in which we advised that the disclosure of the records that are relevant to your request may affect the interests of a third party. The third party whose interests may be affected has appealed a decision of the hospital to the Information and Privacy Commissioner. **[Therefore, we are unable to provide access to any records that are the subject of this appeal until the Commissioner has completed a review of the matter.]**

Please contact **[name, title and phone number of person responsible]** if you have any further questions.

We would appreciate you using the request number assigned to your request in any further correspondence.

Sincerely,

[signed by Head or delegate]

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Appendix 20 - Notice to Requester Regarding an Access Decision

*This letter is used to notify the requester of the hospital's final decision concerning the FOI request. The letter may notify the requester that he or she has been granted complete access, or that he or she has been granted partial access or no access due to applicable exemptions. The letter may also indicate that the requested records are excluded from FIPPA, or that the requested records do not exist. In some cases dealing with law enforcement or personal privacy, the hospital may also refuse to confirm or deny that the requested records exist. If complete or partial access is granted, this letter also outlines any fees that may be charged. If fees are charged, a detailed statement of fees must be provided to the requester. If you believe that it is likely that the recipient will appeal the matters raised in this letter, you may wish to include some additional information about the appeal process see Appendix **Error! Reference source not found.** however, this is optional.*

[Date]

[Name and address of affected third party]

Dear _____:

Re: Request Number [#]

This letter is in response to your request under the Freedom of Information and Protection of Privacy Act for access to **[describe records requested]**.

Option: [where access granted (whether complete access or partial access)]

I am pleased to grant you access to: **[insert details]**

[Subject to charging any fees (under the option below) indicate whether copies of the records are enclosed, or how the requester will otherwise gain access to the record (e.g. attending at the hospital). Also, if access is being granted to an individual's own personal information, indicate whether he or she will need to provide identification.]

Option: [where fees are charged for access]

Section 57 of the Act permits the hospital to charge certain fees in connection with a request for access. A detailed statement of the fees arising from your request is enclosed. In order to provide you with access to the requested records, you must pay **[amount]**.

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The Act provides that all or part of the fee can be waived if, in our opinion, it is fair and equitable to do so, after considering the factors laid out in Section 57(4) of the Act, and in the regulations to the Act. Generally, those factors involve considering:

- the extent to which the actual cost of processing, collecting and copying the record varies from the fees charged;
- whether the person requesting access to the record is given access to it.
- whether the amount of the payment is too small to justify requiring payment (and the amount of a payment would be \$5 or less);
- if the fee will cause the requester financial hardship; or
- if dissemination of the record will benefit public health or safety.

If you wish to claim or ask for a waiver of the fee, please notify **[insert name, title and phone number]** as soon as possible. You may be required to provide proof to support any waiver claims.

If you disagree with any aspect of the fees, or wish to revise your request, please discuss the matter with us. You may request that this fee estimate be reviewed by the Information and Privacy Commissioner within 30 days of receipt of this letter. **[Address for the Commissioner is listed below]**

Option: [where access is granted to records that are subject to copyright]

Please note that you are bound by any copyright that applies to the records you receive under this Act.

Option: [where no records exist]

Access cannot be provided to **[insert details of nonexistent records]** as the records do not exist.

Option: [denial of access to records (whether complete denial or denial to certain records or Last Reports of records)]

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Access is denied to **[insert details of withheld records]** under section(s) **[insert section number(s)]** of the Act. The provisions apply to the record(s) because **[insert reasons]**.

Option: [refusal to confirm existence of a record]

Under section **[21(5) OR 14(3)]**, we cannot confirm or deny the existence of the record.

Option: [index of records categories]

Due to the complexity of your request, we have indexed the records categories in order to provide you with an overview of the access decision.

You may request that this decision be reviewed by the Information and Privacy Commissioner. The Commissioner can be reached at:

Registrar
 Information and Privacy Commissioner/Ontario
 1400-2 Bloor Street East
 Toronto, Ontario
 M4W 1A8

Please note that you have 30 days from the receipt of this letter to request a review by the Commissioner.

[Optional – but highly recommended] Enclosed is a copy of section **[insert relevant section number]** of the Act for your convenience and information.

Please contact **[name, title and phone number of person responsible]** if you have any questions.

We would appreciate you using the request number assigned to your request in any further correspondence

Sincerely,

[signed by Head or designate]

Encl.

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Appendix 21 Notice to Requester - Correction of Personal Information

*This letter is used to notify an individual of the hospital's decision concerning a request to correct personal information. If you believe that it is likely that the recipient will appeal the matters raised in this letter, you may wish to include some additional information about the appeal process see Appendix **Error! Reference source not found.** however, this is optional.*

[Date]

[Name and address of affected third party]

Dear _____:

Re: Request Number [#]

Your request under the Freedom of Information and Protection of Privacy Act for a correction of personal information was received on **[insert date]**.

Option [where correction was made to record]

The requested correction was made and a copy of the corrected record is attached. You are entitled to have this correction sent to any persons to whom the hospital disclosed this information over the past 12 months. Please let us know if you wish us to send this correction to other persons.

OR

Option [where correction was not made to record]

The requested correction was not made to your personal information. In reaching this decision we considered the following elements: (i) whether the information is personal and private; (ii) whether the information is inexact, incomplete or ambiguous and (iii) whether the correction would be a substitution of opinion. **[Insert reason why the request was refused]**.

You are entitled to require that a statement of disagreement be attached to the record, and to require that the statement of disagreement be sent to any person or organization to whom the record was disclosed over the past 12 months.

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[Optional] [Attached is a listing of the persons or organizations to whom this personal information was disclosed over the past 12 months (this listing will not include those persons or organizations listed in the personal information bank index).]

You may appeal this decision to the Information and Privacy Commissioner. The Commissioner can be reached at:

Registrar
 Information and Privacy Commissioner/Ontario
 1400-2 Bloor Street East
 Toronto, Ontario
 M4W 1A8

Please note that you have 30 days from the receipt of this letter to request a review.

Sincerely,

[signed by Head or designate]

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Appendix 22 - Notice to Requester Regarding Frivolous or Vexatious Request

*This letter is used to notify the requester of a decision to refuse access on the basis that the Head is of the opinion that the request for access is frivolous or vexatious. If you believe that it is likely that the recipient will appeal the matters raised in this letter, you may wish to include some additional information about the appeal process see Appendix **Error! Reference source not found.** however, this is optional.*

[Date]

[Name and address of requester]

Dear _____:

Re: Request Number [#]

This letter is in response to your request under the Freedom of Information and Protection of Privacy Act for access to **[describe records requested]**.

Access is denied to **[some of]** these records because we are of the opinion that the request is frivolous or vexatious. We are of this opinion for the following reason(s): **[insert reason(s)]**.

[Option: If only part of the request is found to be frivolous or vexatious, insert relevant text from Appendix **Error! Reference source not found.2 to address status of the remaining records – e.g. access is granted, access is denied, records do not exist, refusal to confirm or deny existence of records, etc.]**

You may request that this decision be reviewed by the Information and Privacy Commissioner. The Commissioner can be reached at:

Registrar
 Information and Privacy Commissioner/Ontario
 1400-2 Bloor Street East
 Toronto, Ontario
 M4W 1A8

Please note that you have 30 days from the receipt of this letter to request a review by the Commissioner.

[Optional – but highly recommended] Enclosed is a copy of section 10(1) of the Act and section 5.1 of Regulation 460 to the Act for your convenience and information.	Signing Authority: Senior Leadership Team
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Please contact **[name, title and phone number of person responsible]** if you have any questions.

We would appreciate you using the request number assigned to your request in any further correspondence

Sincerely,

[signed by Head or designate]

Encl

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Appendix 23 - Additional Information Where Appeals are Likely

The following text may be included in a notice where it seems likely that the decision will be appealed.

If you decide to appeal a decision to the Information and Privacy Commissioner, please provide the Commissioner's office with:

1. The request number assigned to the request
2. A copy of this decision letter, and
3. A copy of the original request you sent to the hospital.

Appeals to the Commissioner must also be accompanied by the appropriate fee. Fees vary according to the nature of the request being appealed, as follows:

- (a) \$25, if the person appealing has made a request for access to a general record under subsection 24(1) FIPPA;
- (b) \$10, if the person appealing has made a request for access to personal information under subsection 48(1) FIPPA; and
- (c) \$10, if the person appealing has made a request for correction of personal information under subsection 47(2) FIPPA.

No fee is payable for appealing a decision of the Head or the hospital to the Commissioner if the person appealing is a third party given notice of a request under subsection 28(1) of FIPPA.

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Appendix 24 Form of FIPPA Year-End Statistical Report

The following report template has been used in connection with the annual FIPPA report that must be submitted to the IPC by each institution subject to FIPPA. This template is intended as a guide to the sorts of information that you will need to track during each year. The IPC will circulate instructions concerning the form and submission of the report each year.

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

Reporting Year: _____ Date Report Completed: _____ / _____ / _____
 MM DD YY

All institutions must return a report to the Office of the Information and Privacy Commissioner/Ontario. If no requests for access to information or requests for correction of personal information were received, your institution must still complete and return Sections 1 and 2.

SECTION 1: IDENTIFICATION

1.1 Name of Institution _____

Ministry Name: _____

Management Contact

Contact Person/Title _____

Email Address _____

Primary Contact

Contact Person/Title _____

Email Address _____

Phone No. (_____) _____ Fax No. (_____) _____

Mailing Address _____

Postal Code _____

1.2 Your institution is:

the Ministry an Agency of a Ministry

Is the Minister the head of your institution?

SECTION 2: INCONSISTENT USE OF PERSONAL INFORMATION

2.1 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. How many such records did your institution attach, if any?

If your institution received:

- No requests for access or correction → please complete and return only this page. Thank you.
- Requests for access to information → go to Section 3.1
- Requests for correction of personal information only → please complete Section 11 at the back of the report

This report can be completed online at <https://statistics.ipc.on.ca> or it can be faxed to us at (416) 325-9195 or mailed to the Office of the Information and Privacy Commissioner of Ontario, Canada, 2 Bloor St. E., Suite 1400, Toronto, ON, M4W 1A8.

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SECTION 3: NUMBER OF REQUESTS RECEIVED AND COMPLETED

Enter the number of requests that fall into each category.

	Personal Information	General Records
3.1 New requests received during the reporting year		
3.2 TOTAL NUMBER OF REQUESTS COMPLETED for the reporting year		

SECTION 4: SOURCE OF REQUESTS

Enter the number of requests you completed from each source.

	Personal Information	General Records
4.1 Individual/Public		
4.2 Business		
4.3 Academic/Researcher		
4.4 Association/Group		
4.5 Media		
4.6 Government (All Levels)		
4.7 Other		
4.8 TOTAL REQUESTS (Add boxes 4.1 to 4.7 = box 4.8)		

Box 4.8 MUST BE EQUAL TO 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:

	Personal Information	General Records
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 = box 5.5)		

Box 5.5 MUST BE EQUAL TO Box 3.2

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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:

- A. **No** notices issued;
- B. **BOTH** a Notice of Extension (s.27(1)) and a Notice to Affected Person (s.28(1)) issued;
- C. **ONLY** a Notice of Extension (s.27(1)) issued; or
- D. **ONLY** a Notice to Affected Person (s.28(1)) issued.

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
6.1 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.		
6.2 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.		
6.3 Total (Add boxes 6.1 + 6.2 = box 6.3)		

Personal Information	General Records

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

	Personal Information	General Records
6.4 Number of requests completed within the time limits permitted under both the Notice of Extension (s.27(1)) and Notice to Affected Person (s.28(1)).		
6.5 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)).		
6.6 Total (Add boxes 6.4 + 6.5 = box 6.6)		

Personal Information	General Records

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

	Personal Information	General Records
6.7 Number of requests completed within the time limit permitted under the Notice of Extension (s.27(1)).		

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6.8	Number of requests completed in excess of the time limit permitted under the Notice of Extension (s.27(1)).				
6.9	Total (Add boxes 6.7 + 6.8 = box 6.9)				

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

		Personal Information	General Records		
6.10	Number of requests completed within the time limit permitted under the Notice to Affected Person (s.28(1)).				
6.11	Number of requests completed in excess of the time limit permitted under the Notice to Affected Person (s.28(1)).				
6.12	Total (Add boxes 6.10 + 6.11 = box 6.12)				

E. Total Completed Requests (sections A to D)

		Personal Information	General Records	Personal Information	General Records
6.13	Overall Total (Add boxes (6.3 + 6.6 + 6.9 + 6.12 = box 6.13) and (box 6.13 must equal to 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.

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SECTION 7: 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.

	Personal Information	General Records
7.1 All information disclosed		
7.2 Disclosed in part		
7.3 Nothing disclosed		
7.4 Request withdrawn or abandoned		
7.5 TOTAL REQUESTS (Add boxes 7.1 to 7.4 = box 7.5)		

Box 7.5 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.)

	Personal Information	General Records
8.1 Section 12 — Cabinet Records		
8.2 Section 13 — Advice to Government		
8.3 Section 14 — Law Enforcement*		
8.4 Section 14(3) — Refusal to Confirm or Deny		
8.5 Section 15 — Relations with Other Governments		
8.6 Section 16 — Defence		
8.7 Section 17 — Third Party Information		
8.8 Section 18 — Economic and Other Interests of Ontario		
8.9 Section 19 — Solicitor-Client Privilege		
8.10 Section 20 — Danger to Safety or Health		
8.11 Section 21 — Personal Privacy (Third Party)**	N/A	
8.12 Section 21(5) — Refusal to Confirm or Deny		
8.13 Section 22 — Information Soon to be Published		

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- 8.14 Section 27.1 — Frivolous or Vexatious
- 8.15 Section 49 — Personal Information (Requester)
- 8.16 Section 65 — Act Does Not Apply
- 8.17 Section 65(6) — Labour Relations & Employment Related Records
- 8.18 Section 67 — Other Acts
- 8.19 **TOTAL EXEMPTIONS** (Add boxes 8.1 to 8.18 = box 8.19)

	N/A

* not including Section 14(3)
 ** not including Section 21(5)

SECTION 9: FEES

Did your institution collect fees related to requests?

- 9.1 Number of requests where fees other than application fees were collected (Box 9.1 Must be Less Than or Equal to Box 10.7)

Personal Information	General Records	TOTAL

- 9.2.1 Application fees collected
- 9.2.2 Additional fees collected
- 9.2.3 **TOTAL FEES** (Add boxes 9.2.1 + 9.2.2 = box 9.2.3)

\$	\$	\$
\$	\$	\$
\$	\$	\$

- 9.3 **TOTAL DOLLAR AMOUNT OF FEES WAIVED**

\$	\$	\$
----	----	----

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.

- 10.1 Search time
- 10.2 Reproduction
- 10.3 Preparation
- 10.4 Shipping
- 10.5 Computer costs
- 10.6 Invoice costs (and others as permitted by regulation)
- 10.7 **TOTAL** (Add boxes 10.1 to 10.6 = box 10.7)

Personal Information	General Records	TOTAL
N/A		
N/A		
N/A		
N/A		

Box 10.7 MUST BE GREATER THAN OR EQUAL TO Box 9.1

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SECTION 11: CORRECTIONS AND STATEMENTS OF DISAGREEMENT

Did your institution receive any requests to correct **personal information**?

		Personal Information
11.1	Number of correction requests received	
11.2	Corrections carried forward from the previous year	
11.3	Corrections carried over to the next year	
11.4	TOTAL CORRECTIONS COMPLETED [(box 11.1 + box 11.2) – box 11.3 = box 11.4]	

Box 11.4 MUST EQUAL Box 11.9

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

		Personal Information
11.5	Correction(s) made in whole	
11.6	Correction(s) made in part	
11.7	Correction(s) refused	
11.8	Correction(s) withdrawn by requester	
11.9	TOTAL (Add boxes 11.5 to 11.8 = box 11.9)	

Box 11.9 MUST EQUAL Box 11.4

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

11.10 Number of statements of disagreement attached:

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 that information in the previous year notification of either the correction or the statement of disagreement. Enter the number of notifications sent, if applicable.

11.11 Number of notifications sent:

Thank you for your co-operation.

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Appendix 25 - FIPPA Year-End Statistical Report Completion Guide

provincial

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

COMPLETION GUIDE

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General Information

This Guide is designed to provide step-by-step instructions for the completion of the Information and Privacy Commissioner's (IPC) Year-End Statistical Report as required by the *Freedom of Information and Protection of Privacy Act* (the *Act*). We encourage you to follow along with it, especially if you are unfamiliar with the Report.

For your convenience:

- The Guide is organized into sections corresponding to those in the Report. For help with a certain section in the Report, turn to the same section in the Guide.
- Certain sections which appear in *italicized text* have been expanded to contain background information that may be helpful to you.
- All terms which appear in **bold** are defined in the **Glossary** at the back of the guide.
- The Reconciliation Chart is designed to help verify the figures in the Report.

If you have specific questions that are not answered by this guide, please 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**.

Please note incomplete reports may result in your institution's submission being **partly or entirely excluded** from the statistics generated for the IPC's annual report.

All institutions must return a report to the Information and Privacy Commissioner. If no requests for access to information or requests for correction of personal information were received, your institution must still complete and return Sections 1 and 2.

Section 1: Identification

- 1.1 Please clearly indicate the name of the institution, name of the person responsible for the content of the report, phone and fax numbers, email and mailing addresses, and the name of the person to contact with any questions regarding the content of the report.
- 1.2 Please indicate whether your institution is a ministry or agency by checking one of the boxes provided.

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Section 2: Inconsistent Use of Personal Information

What is an Inconsistent Use?

An **inconsistent use** occurs when **personal information** from a **personal information bank** is used or disclosed differently from the way it is used on a regular basis (see Section 46 of the Act). The Act requires the institution to attach a record or notice of the **inconsistent use** or disclosure to the **personal information** involved. This record then becomes part of the **personal information** it is attached to.

2.1 Please enter the number of times your institution made **inconsistent use** of **personal information** contained in its **personal information banks**.

What is Personal Information?

Personal information is recorded information about an identifiable individual including:

- the individual's address, telephone number, fingerprints or blood type,
- information about the individual's race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital or family status,
- information about the individual's educational, medical, psychological, criminal, or employment history or information concerning his or her financial transactions,
- any identifying number, symbol or other particular assigned to the individual,
- the individual's personal opinions or views except when they relate to someone else,
- private or confidential correspondence sent to an institution by the individual, and replies to that correspondence that would reveal the contents of the original correspondence,
- the views or opinions of someone else about the individual, and
- the individual's name when it appears with other **personal information** about that individual or when disclosure of the name would reveal other **personal information** about that individual.

If your institution received **no requests for access** to information or **correction** of personal information **PLEASE STOP HERE** AND RETURN ONLY SECTIONS 1 AND 2 OF THE REPORT.

If your institution received (or carried forward from last year) **at least one request for access**

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to information, **PLEASE COMPLETE THE REST OF THE REPORT.**

If your institution received **at least one request for correction** of personal information, PLEASE COMPLETE SECTION 11 AT THE BACK OF THE REPORT, AS WELL AS SECTIONS 1 AND 2.

Section 3: Number of Requests Completed

Please Note: *There are two types of information requests, and these need to be entered separately:*

- **personal information** requests, where the requester, or authorized representative, is asking for information about himself or herself.
- **general records** requests, where the requester is asking for general information or information that includes **personal information** about someone else.

3.1 Enter the number of new **personal information** and **general records** requests received during the reporting year (January – December). This includes those requests that have been received directly by your institution and those that have been transferred in from other institutions to your institution to complete. Below is a template that you may want to use to determine the number of new requests.

New requests received directly from the requester during **reporting year**.

Indicate the number of **personal information** & **general records** requests that were transferred to you from other institutions to be **completed** by your institution.

Personal Information	General Records

TOTAL New Requests (Add the above two boxes)
(reflect these totals in box 3.1 of the statistical report)

Personal Information	General Records

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How Are Requests Counted?

The information in this section is important to help you decide how many requests for information your institution received, since the form or letter the requester sends may actually contain a number of separate requests.

- for **general records** requests, if the request deals entirely with **one subject**, it should be counted as **one request**. This is still the case even if the information is retrieved from different locations in your institution, or
- if a **general records** request deals with information about **TWO (OR MORE) subjects**, the request should be divided into **TWO (OR MORE) REQUESTS**, or
- any **personal information** request is counted as **ONE REQUEST** because it is about only **ONE SUBJECT**, the person asking for the information, or
- if you receive a request that must be **RETURNED TO THE SENDER** for clarification, **DO NOT COUNT** this as a request received until the requester returns it to you with all the information you need to **complete** the request.

3.2 Enter the total number of **personal information** and **general records** requests that have been completed between January to December 31 of the reporting year.

To determine the total number of requests completed:

Add the following number of requests for personal information and general records separately:

- new requests received during reporting year (see section 3.1 of the statistical report) and requests that were carried forward from the previous year to the current year to complete

Subtract the following **personal information** and **general records** requests from the above:

- requests transferred out to other institutions to complete and requests carried over to the next year to complete

The total sum of the above calculation will result in the total numbers of **personal information** and **general records** requests that were completed for the reporting year.

Below is a worksheet to be used as a tool to determine the total number of requests for the **reporting year**.

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New requests received directly from the requester during **reporting year**.

Requests carried forward from previous year. (Enter the number of **personal information** and **general records** requests that your institution could not **complete** in the previous **reporting year**, January-December, and **carried forward** to be **completed** in the current reporting year.)

Personal Information	General Records

TOTAL (Add the above two boxes)

Personal Information	General Records
A	A

Requests transferred out to other institutions to complete. (Enter the number of **personal information** and **general records** requests that were **transferred** to another institution because that institution had control or custody of the information, or a greater interest in the information.)

Requests carried over to the next year to complete. (Enter the number of **personal information** and **general records** requests your institution received that were **carried over** to the next reporting year.)

Personal Information	General Records

TOTAL (Add the above two boxes)

Personal Information	General Records
B	B

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TOTAL REQUESTS COMPLETED (subtract B from A)
(reflect these totals in box 3.2 of the statistical report.)

Personal Information	General Records

Section 4: Source of Requests

- 4.1-4.7 Enter the number of **personal information** and **general records** requests you completed from the source listed. If the request comes from an employee of your institution, enter the request in the individual category.
- 4.8 Add all the requests you have entered for both **personal information** and **general records** and write the totals in Box 4.9. These totals should be the same as those in box 3.2 (Total Requests Completed).

Section 5: Time to Completion

- 5.1-5.4 Enter the number of **completed personal information** and **general records** requests in the appropriate categories. If your institution received a **transferred** request from another institution, the time to **completion** starts when the first institution received the request.
- When locating and reviewing records, an institution may **extend the time** to provide a response to the requester under s.27(1).
- The time from when a fee estimate/interim decision letter has been issued (s.57, O.Reg 460 s.6, s.6.1 and s.7) up to the time the deposit has been paid is not included when calculating the number of days to complete a request.
- 5.5 Enter the totals of the previous entries (5.1–5.4) into this box. These totals should be equal to the **Total Requests Completed** in Box 3.2.

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Section 6: Compliance with the Act

*The Act states that requests for access to information should be completed within 30 days. In cases where there is a need to search numerous records or to make consultations with a person outside the institution, the head of the institution can **extend** the 30-day time limit and still be in compliance with the Act. This can be achieved by issuing a Notice of Extension (s.27(1) and/or Notice to Affected Person (s.28(1)).*

This section has been broken down into four different situations that are mutually exclusive and will be used to determine the number of requests that are in compliance or not in compliance with the statutory time lines under the Act.

A. NO Notices Issued

- 6.1 Enter the number of completed requests within the 30 days where neither a Notice of Extension nor a Notice to Affected Person was issued.
- 6.2 Enter the number of completed requests beyond the 30 days where neither a Notice of Extension nor a Notice to Affected Person were issued.
- 6.3 Add sections 6.1 and 6.2 to determine the total number of completed requests where no notices were issued.

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

- 6.4 Enter the number of completed requests within the time limits permitted under **both** the Notice of Extension and Notice to Affected Person.
- 6.5 Enter the number of completed requests that exceeded the permitted time limit where a Notice of Extension and/or a Notice to Affected Person were issued.
- 6.6 Add sections 6.4 and 6.5 to determine the total number of completed requests where notices were issued.

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

- 6.7 Enter the number of requests completed within the time limit stipulated in the Notice of Extension where a Notice to Affected Person was not issued.
- 6.8 Enter the number of requests completed that exceeded the permitted time limit stipulated in the Notice of Extension where a Notice to Affected Person was not issued.

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6.9 Add sections 6.7 and 6.8 to determine the total number of completed requests where only a Notice of Extension was issued.

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

6.10 Enter the number of requests completed within the time limit stipulated in the Notice to Affected Person where a Notice of Extension was not issued.

6.11 Enter the number of requests completed that exceeded the permitted time limit stipulated in the Notice to Affected Person where a Notice of Extension was not issued.

6.12 Add sections 6.10 and 6.11 to determine the total number of completed requests where only a Notice to Affected Person was issued.

E. Total Requests Completed (sections A to D)

6.13 Enter the overall total number of requests completed for the year by your institution by adding sections A through D together. This total must equal the total number of requests shown in Section 3.8.

(6.3+6.6+6.9+6.12=6.13) and (6.13 **must equal** 3.2)

Section 6a: Contributing Factors

Write any reasons that made it difficult to meet the 30-day time limit. Also, include circumstances that will improve your ability to be in compliance with the *Act*.

Section 7: Disposition of Requests

This section asks you to indicate how your institution dealt with each of the requests for access to information it received. The options are as follows:

7.1 All Information Disclosed - Enter the number of **personal information** and **general records** requests that resulted in full disclosure of all information requested.

7.2 Disclosed in Part - Enter the number of **personal information** and **general records** requests for which the **head** of your institution disclosed only part of the information requested. Include those requests where some of the information was exempted, excluded, did not exist, was outside of the *Act*, i.e. Y.O.A., or frivolous or vexatious.

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7.3 Nothing Disclosed - Enter the number of **personal information** and **general records** requests for which the **head** of your institution disclosed no information. Include those requests where all of the information was **exempted**, none of the information existed, outside of the *Act*, or frivolous or vexatious.

7.4 Request **Withdrawn** - or **Abandoned** - In this category enter the number of requests that were **withdrawn** or **abandoned** by the requester.

- A **withdrawn** request is one in which the requester notifies your institution that he or she does not wish to proceed with the request.
- A request is considered **abandoned** when the requester does not respond to your attempts to proceed with the request.
 - for **general records** the request can be considered **abandoned** if the requester does not respond to correspondence that is necessary to **complete** the request (for example, a notice of fee estimate), within 30 days of the date you sent the communication. The **head** of your institution may **extend** this time limit, and this practice is encouraged.
 - for **personal information** requests, the policy is to allow up to 365 days (one year) before considering the request **abandoned**.

7.5 Total Requests

The sum of all the entries in **personal information** and **general records** for all questions 7.1 to 7.4 should be equal to or greater than the amounts in 3.2 (**Total Requests Completed**).

Section 8: Exemptions and Exclusions Applied

To complete this section you will need to be familiar with the **exemptions** described in the *Act*. Please refer to the section on **exemptions** in:

- your copy of the *Act*, or
- the **Freedom of Information and Protection of Individual Privacy Manual** produced by the Ministry of Government Service: <http://www.accessandprivacy.gov.on.ca/English/manual/index.html>.

8.1-8.18 In this section you are asked to indicate **which exemptions** were applied to those requests where the **head** of your institution withheld some or all of the requested information. Every request that was exempted, (in part or in full) must have at least one **exemption** listed, but may have more than one. For example, two different **exemptions** may be used to account for why information was withheld.

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Please Note:

- Section 21 **exemption**, Personal Privacy (of third party) applies only to **general records** requests.
 - Section 49 **exemption**, Personal Information (of requester) applies only to **personal information** requests.
- 8.19 Enter the sum of all the requests you entered in the **personal information** and **general records** columns.

Section 9: Fees

This section concerns **additional fees** and **application fees**.

- 9.1 Enter the number of **requests** for which your institution collected **additional** fees.
- 9.2 Write in the total amount, *in dollars*, that your institution collected for the **application** fees.
- 9.2.2 Write in the total amount, *in dollars*, that your institution collected for any **additional** fees.
- 9.2.3 Enter the sum of **application** and **additional** fees, in dollars, for **personal information** and **general record** requests.

*Under certain conditions, the **head** of your institution may **waive** all or part of the additional fees being charged. These conditions include: the requesters' ability to pay, whether release of the information will benefit public health or safety, how much difference there is between the fee being charged and the actual cost of processing the request, and whether the requester is ultimately given access to the information requested.*

- 9.3 Enter the total amount of fees that were **waived** by your institution, in dollars.

Section 10: Reasons for Additional Fee Collection

This section concerns the reasons and the number of requests involved for the additional fee collection.

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10.1-10.6 If your institution collected **additional** fees for any requests, please enter the appropriate number of requests in the given categories to indicate why the fee was charged. A request can be entered into more than one category. For example, an institution may have charged \$10 to process a request, \$5 for reproduction costs and \$5 for shipping costs.

Please note that **additional** fees for **personal information** requests can only be charged for reproduction and computer costs.

10.7 Please enter the sum of the requests you entered in Boxes 10.1–10.6. The total should be equal to or greater than the amount you listed in question 9.1 (Number of requests where **additional** fees were collected) since a request can be entered into more than one category.

Section 11: Corrections and Statements of Disagreement

If a person believes that an institution has personal information about himself/herself that is incorrect, under the Act, that person has the right to:

- *request that the institution correct the information,*
- *require that the institution attach a statement of disagreement to the information if the requested corrections were not made,*
- *require that any person or organization to whom the personal information has been disclosed within the last 365 days be notified of the corrections or statement of disagreement.*

11.1 Enter the number of new **correction** requests your institution received in the reporting year.

11.2 Enter the number of **correction** requests that were **carried forward** from the previous year.

11.3 Enter the number of **correction** requests your institution **carried over** to the next year.

11.4 Subtract the number of requests **carried over** to next year from the sum of the **correction** requests received and **corrections carried forward** from the previous year to get the **Total Corrections Completed** [(11.1+11.2)–11.3=11.4]. If this number is zero, skip the rest of this section.

If your institution received any requests for correction of personal information, what course of action was taken with each?

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- 11.5 Enter the number of **correction** requests for which *all* requested **corrections** were made.
- 11.6 Enter the number of **correction** requests for which *part* of the requested **corrections** were made.
- 11.7 Enter the number of requests for which the **head** of your institution refused to make any of the requested changes.
- 11.8 Enter the number of **correction** requests that were **withdrawn** by the requester before **completion**.
- 11.9 The total of the requests you entered in the previous four questions (11.5–11.8) should equal the **Total Corrections Completed** from 11.4 above.
- 11.10 For any requests where **corrections** were denied, in part (11.6, Correction(s) made in part), or in full (11.7, Correction(s) refused), how many statements of disagreement were attached to the information?
- 11.11 For any requests where your institution either made **corrections** or attached a statement of disagreement, how many notifications of these changes did your institution send to third parties to whom the information was previously released?

Thank you for your co-operation.

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Appendix 26 - Document Consultation & Approval Tracking Record

Document Title: _____

Document Status:

- New
 Revision of Existing
 Reviewed, no edits required

Document Type:

- Policy/Procedure
 Protocol/Guideline
 Standard Operating Procedure
 Medical Directive
 Order Set
 Other: _____
- Clinical Pathway
 Order Set
 Standard of Care
 Rules & Regulations
 Form

Development Team (list the names and designations of those involved in the development/review of the document):

Name	Designation
Frankie Dewsbury	Director, Projects, Quality, Risk & PFAC

Scope of Document:

- Department specific
 Two or more departments/services
 Corporate/Hospital-wide

Groups Impacted by Document:

- Nursing
 Administration
 Allied Health (specify):
 Credentialed Staff
 All Staff/Credentialed Staff
 Support Staff (specify):
 Clerical/Support Staff
 Other (specify):

Consultation Phase (list below the stakeholders/committees that will provide feedback and input into the document prior to submission to the Signing Authority for final approval):

Stakeholder/Committee	Date Consulted	Feedback/Comments	Development Team Response

Education & Communication Plan: (select all that apply)

Tool(s) / Method(s)	Timeline for Completion	Lead Responsible
<input type="checkbox"/> Huddles/Staff meetings		
<input type="checkbox"/> Education Blitzes		
<input type="checkbox"/> Learning Management System (LMS) Module		
<input type="checkbox"/> Posters		
<input type="checkbox"/> Electronic Mail		
<input type="checkbox"/> Communication Binder		
<input type="checkbox"/> Department Meetings		

Last Reviewed Date: 06/15/2024 00:00:00 **Signing Authority:** Senior Leadership Team

Next Review Date: 06/15/2024 00:00:00 **Version:** 2.0

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<input type="checkbox"/> MAHC Matters		
<input type="checkbox"/> Other:		

Approval Phase (for list of Signing Authorities, view the "Policy, Procedure and Guideline Development" policy):

Signing Authority:

Date Review:

Senior Leadership Team

June 15 2021

Approved

Not Approved

Comments: Minor editorial changes only

DOCUMENT MANAGEMENT SYSTEM INFORMATION (complete for the purpose of uploading to the DMS via executive assistant/document support person assigned to portfolio)
1. Category(manual/section): Administration / Risk Management
2. Key Words: <i>(Indicate if there are any additional key words or common words used by staff to reference the document that should be added beyond what is currently in the purpose or policy statements.)</i>
3. Is this document an ROP (Required Organizational Practice): No
4. Is there a preferred URL or external link:
5. Who will be accountable for leading any policy review? Frankie Dewsbury
6. Review Period: <i>(Indicate is the review period is less than three year. All documents must be reviewed at least every three years.)</i>

Last Reviewed Date: 06/15/2021 00:00:00	Signing Authority: Senior Leadership Team
Next Review Date: 06/15/2024 00:00:00	Version: 2.0
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