

Freedom of Information and Protection of Privacy Act (FIPPA)

Accountability and Responsibility:

- The Board Chair (the “Head”) is accountable for most of the Hospital’s decisions under FIPPA.
- The Board of Directors has delegated the responsibility for carrying out the duties imposed on the Board Chair to the Chief Executive Officer/Privacy and Freedom of Information Officer.

FIPPA Principles:

- Anyone can access records held by the Hospital.
- Specific information is protected (exclusions and exemptions).
- Requesters can request a review process if in disagreement with decisions made under the Act.
- Effective January 1, 2012 and retrospective to January 1, 2007.

Access Requests:

- Who can make requests under FIPPA?
 - Media
 - Politicians
 - Vendors
 - Unions
 - Employees
 - Etc.
- What type of records can be requested?
 - Plans
 - Minutes
 - Proposals
 - Finances
 - Personal information
 - Etc.

(2)

- What is a “Record”?
 - All emails
 - Electronic files
 - Databases
 - Paper documents
 - Non final drafts
 - Working notes
 - Expense claims/accounts
 - Day books, agenda, meeting notes, diagrams
 - Voice-mail, video, audio recordings

Exclusions:

- Records not under FIPPA:
 - Pre-January 1, 2007 records
 - Personal health information and quality of care records
 - Labour and employment-related records
 - Appointments and privileges of physicians/professionals
 - Research records and teaching materials
 - Charitable donation records

Exemptions:

- Mandatory:
 - Third party information, such as vendor contracts, Section 17
 - Personal privacy, such as employee contracts, Section 21
- Discretionary:
 - Advise or recommendations, Section 13
 - Economic and other interests of Ontario, Section 18
 - Information with respect to closed meetings, Section 18
 - Solicitor-client privilege, Section 19
 - Danger to safety or health, Section 20

Duties and Responsibilities of the CEO/Privacy and Freedom of Information Officer:

- Deciding whether to apply exemptions and determining the extent of severances
- Deciding whether a request is frivolous or vexatious, Section 27.
- Notifying third parties who are affected by the request, Section 26.
- Providing a written access decision to the requester or provide access to the record or provide a copy of the record within 30 days, Section 26.
- Providing notice of extension, if needed, Section 27.
- Providing notice of refusal, Section 29.
- Providing notice of the estimate of fees, if over \$25, Section 57.
- Informing the Board of Directors of all requests at the monthly Board meeting.
- Preparing and submitting the Hospital’s Annual Report to the Commissioner, Section 34.

(3)

How to submit a FIPPA request, Section 24:

- Submit your request, in writing, to:

Geraldton District Hospital
500 Hogarth Ave., West
Geraldton, ON
P0T 1M0

Attn: CEO/Privacy and Freedom of Information Officer

- The requestor may write a letter or complete the Request Form.
- Provide sufficient detail to enable delegated staff to locate the record requested.
- At the time of making the request, pay the minimum fee of \$5*.
- In the absence of the CEO (due to extended illness or vacation, etc.) the Senior Manager on call will assume all duties and responsibilities of the CEO/Privacy and Freedom of Information Officer.

Right to Appeal:

- If a requester is not satisfied with the decision from the Hospital, then the requester may appeal such decision to the Commissioner, Section 50.

Office of the Information and Privacy Commissioner of Ontario
2 Bloor St. East, Suite 1400
Toronto, ON
M4W 1A8

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Fee	Explanation	Rate
Application	Must accompany the request. This is mandatory and cannot be waived	\$5.00
Search Time	Required to search and retrieve information	\$7.50/15 min.
Computer Programming	May be needed to develop a program to retrieve information	\$15/15 min.
Print Outs	Photocopying and computer	\$0.20/page
Disks	Computer	\$10/disk
Additional	Shipping and delivery	As required
Appeal Fee	Payable to the Information and Privacy Commissioner	\$25.00

- Records will only be released after full payment of the processing and search fees have been received.



Request for Freedom of Information and Protection of Privacy Act (FIPPA)

NOTE: This form is for a formal request for information under FIPPA and not a request for, or consent of, personal health or employment information. For personal health information, contact Health Records and for personal employment information, contact Human Resources.

Request for: <input type="checkbox"/> Access to general records (non-personal information) <input type="checkbox"/> Access to own personal information <input type="checkbox"/> Access to other's personal information (attach authority) <input type="checkbox"/> Correction of own personal information	Payment: A \$5.00 non-refundable application fee is required for all <u>access</u> requests. Other applicable search fees may also apply. <input type="checkbox"/> \$5.00 cheque enclosed <input type="checkbox"/> \$5.00 cash (in person only)
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If request is for access to, or correction of own personal information records:

Last name appearing on records: same as below, or ►

Requester:

Last Name:	First Name:	Middle Name:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	
			<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr.

Address:
Street / Apt. No. / P.O. Box

City or town: _____ Province: _____

Postal Code	Telephone Number(s): Home/Cell: (Area Code)	Work/Alternate Number(s): (Area Code)
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Detailed description of requested records or personal information records:

If you are requesting access to or correction of your personal information, please identify the personal information, bank or records containing the personal information, if known. If you are requesting a correction of personal information, please indicate the desired correction. Attach a separate sheet if space is not sufficient.

Time frame of search:
Records dated from: _____ through to _____ or to date this request received.

Preferred method of access to records: <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy	Signature: 	Date:
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For Geraldton District Hospital Use Only		
Date Received	Request Number	Comments

Personal information contained on this form is collected pursuant to Freedom of Information and Protection of Privacy legislation and will be used for the purpose of responding to your request. Questions about this collection should be directed to Geraldton District Hospital, Freedom of Information Officer, 500 Hogarth Ave. West, Geraldton ON, P0T 1M0