

2025 PHIPA (Access & Correction) (ASR-0002028) Submitted

Due Date: 2026-03-31

Section 1: Identification

Organization Name: Erie Shores HealthCare
Organization Type: Hospital under the Public Hospital Act
Is Healthcare Custodian? Yes
Health Information Custodian Type: Hospital (Public Hospitals Act)

Head of the Organization: Erie Shores HealthCare

Contact Info

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Canada

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Section 2: Uses or Purposes of Personal Health Information

2.1 Provide the number of uses or purposes for which personal health information was disclosed where the use or purpose is not included in the written public statement of information practices under the Personal Health Information Protection Act subsection 16(1).

0

2.2 If your institution or health information custodian:

Received or completed (or carried forward from last year) at least one formal written request for access to rec

Section 3: Number of Requests

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

587

Section 4: Time to Completion

How long did your institution take to respond to all requests for information? Enter the number of requests in the appropriate category.

4.1 1-30 Days

585

4.2 Over 30 Days with an extension

2

4.3 Over 30 Days without an extension

0

4.4 TOTAL REQUESTS COMPLETED (4.1 to 4.3 = box 4.4)

587

Section 5: Compliance with the PHIPA

In this section, please indicate the number of requests completed, within the statutory time limit and in excess of the statutory time limit, under each of the two different situations:

A. **NO** Time Extension Notices issued

B. **ISSUED** a Time Extension Notice (subsection 54(4))

A. No Time Extension Notices Issued

5.1 Number of requests completed within the statutory time limit (30 days) where a Time Extension Notice (subsection 54(4)) was NOT issued.	585
5.2 Number of requests completed in excess of the statutory time limit (30 days) where a Time Extension Notice (subsection 54(4)) was NOT issued.	0
5.3 TOTAL REQUESTS (5.1 + 5.2 = box 5.3)	585

B. Issued a Time Extension Notice (PHIPA subsection 54(4))

5.4 Number of requests completed within the time limit permitted under the Time Extension Notice (subsection 54(4)).	2
5.5 Number of requests completed in excess of the time limit permitted under the Time Extension Notice (subsection 54(4)).	0
5.6 TOTAL REQUESTS (5.4 + 5.5 = box 5.6)	2

C. Total Requests Completed (sections A and B)

5.7 OVERALL TOTAL (boxes 5.3 + 5.6 = 5.7)	587
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D. Expedited Access Requests (PHIPA subsection 54(5))

5.8 Number of completed requests from the total reported in box 5.7 that were requests for expedited access and completed within the requested time period.	1
5.9 Number of completed requests from the total reported in box 5.7 that were requests for expedited access and were completed in excess of the requested time period.	0
5.10 TOTAL REQUESTS (5.8 + 5.9 = box 5.10)	1

Section 5(a): Contributing Factors

Please outline any factors that may have contributed to your institution not meeting the 30-day time limit. If you anticipate circumstances that will improve your ability to comply with the PHIPA in the future, please provide details in the space below.

30-day notice of extension provided and was due to additional time required to locate legacy records. Records were provided within the extended time period and did not go beyond. Patients were satisfied and no concerns noted or expected.

Section 6: Disposition of Requests

What course of action was taken for each of the requests completed?
Please enter the number of requests into the appropriate category.

6.1 Full access provided	579
6.2 Partial access provided: provisions applied to deny access	0
6.3 Partial access provided: no record exists or cannot be found	3
6.4 Partial access provided: record outside of PHIPA	0
6.5 No access provided: provisions applied to deny access	2
6.6 No access provided: no record exists or cannot be found	1
6.7 No access provided: record outside of PHIPA	0
6.8 Other completed requests, e.g. withdrawn or never proceeded with	2
6.9 Number of requests from box 6.8 that were not pursued following a fee estimate	0
6.10 TOTAL REQUESTS (EXCLUDING 6.9) (6.1 to 6.8 = 6.10)	587
6.11 TOTAL REQUESTS DENIED ACCESS IN WHOLE OR PART WHERE A PROVISION OF PHIPA WAS APPLIED (6.2 + 6.5 = 6.11)	2

Section 7: Reasons Applied to Deny Access

For the total requests where a provision was applied to deny access in full or in part, how many times did you apply each of the following? (Please note that more than one provision may be applied to each request.)

7.1 Section 51(1)(a) – Quality of Care Information

0

7.2 Section 51(1)(b) – Quality Assurance Program (Regulated Health Professions Act, 1991)

0

7.3 Section 51(1)(c) – Raw Data from Psychological Tests

0

7.4 Section 51(d) – Prescribed Research or Laboratory Information

0

7.5 Section 52(1)(a) – Legal Privilege

0

7.6 Section 52(1)(b) – Other Acts or Court Order

1

7.7 Section 52(1)(c) – Proceedings that have not been concluded

0

7.8 Section 52(1)(d) – Inspection, Investigation or Similar Procedure

0

7.9 Section 52(1)(e) – Risk of Harm to or Identification of an Individual

1

7.10 Section 52(1)(f) – MFIPPA subsections 38(a) or (c) or FIPPA subsections 49 (a),(c) or (e) apply

0

7.11 Section 54(6) – Frivolous or Vexatious

0

Section 8: Fees

8.1 Number of requests for access to records of personal health information where fees were collected

148

8.2 Number of requests where fees were waived – in full

439

8.3 Number of requests where fees were waived – in part	0
8.4 TOTAL NUMBER OF REQUESTS WHERE FEES WERE WAIVED (8.2 + 8.3 = 8.4)	439
8.5 Total dollar amount of fees collected	CA\$6,7
8.6 Total dollar amount of fees waived	–

Section 9: Corrections and Statement of Disagreement

9.1 Correction requests received	0
What course of action was taken when the requests for correction were received?	
9.2 Correction(s) made in whole	0
9.3 Correction(s) made in part	0
9.4 Correction(s) refused	0
9.5 Correction(s) withdrawn by requester	0
9.6 TOTAL REQUESTS COMPLETED (9.2 to 9.5 = box 9.6). Determines the total number of correction requests completed for the reporting year.	0
9.7 Number of correction requests with statements of disagreement attached where corrections were refused in whole or in part	0
9.8 Number of times notifications sent	0

Attestation *

☒ I confirm that my institution has authorized me to complete and submit its 2025 Annual Statistical Report. This is the institution’s official submission for the 2025 reporting period. To the best of my knowledge, the information

provided is accurate and complete, and I have the necessary knowledge of our practices to make this confirmation.

Submitted By *

Sonia Jackson

Submitted On *

2026-02-13 12:08 PM