



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

**Statistical Report of  
Chatham-Kent Health Alliance  
for the 2015 Reporting Year**

under the  
*Freedom of Information and Protection of Privacy Act*

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## Section 1: Identification

1.1 Organization Name	Chatham-Kent Health Alliance
Ministry Name (if applicable)	Health and Long-Term Care
Head of Institution Name & Title	Colin Patey
Head of Institution E-mail Address	cpatey@ckha.on.ca
Management Contact Name & Title	Health and Long-Term Care
Management Contact E-mail Address	kwaymouth@ckha.on.ca
Primary Contact Name & Title	Karen Waymouth, Integrated Director, Health Information Management
Primary Contact Email Address	kwaymouth@ckha.on.ca
Primary Contact Phone Number	519-437-6041
Primary Contact Fax Number	519-436-2543
Primary Contact Mailing Address 1	80 Grand Ave. West, PO BOX 2030
Primary Contact Mailing Address 2	
Primary Contact Mailing Address 3	
Primary Contact City	Chatham
Primary Contact Postal Code	N7M 5L9
1.2 Your Institution is:	Hospital under the Public Hospitals Act

## 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?

0

### Your institution received:

- No formal written requests for access or correction
- Formal written requests for access to records
- Requests for correction of records of personal information only

**Note:**

This report is for your records only and should not be faxed or mailed to the Information and Privacy Commissioner /Ontario in lieu of online submission. Faxed or mailed copies of this report will NOT be accepted. Please submit your report online at: <https://statistics.ipc.on.ca>

***Thank you for your cooperation!***

**Declaration:**

I, Health and Long-Term Care, confirm that all the information provided in this report, furnished by me to the Information and Privacy Commissioner/Ontario, is true, accurate and complete in all respects.

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*Signature*

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*Date*