



Health
Canada

Santé
Canada

2004 – 2005

ANNUAL REPORT

on the Access to Information Act and the Privacy Act

Canada

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Our mission is to help the people of Canada maintain and improve their health.

Health Canada

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Preface

The Access to Information Act and the Privacy Act were proclaimed on July 1, 1983.

The Access to Information Act gives Canadian citizens and permanent residents a broad right of access to information contained in federal government records, subject to certain specific and limited exceptions.

The Privacy Act gives individuals the right of access to information about themselves held by the federal government with certain specific and limited exceptions. The Act also protects an individual's privacy by preventing others from accessing his or her personal information, as well as granting individuals basic rights in relation to collection, use and disclosure of personal information.

Section 72 of the Access to Information Act and section 72 of the Privacy Act require that the head of every federal government institution submit an annual report to Parliament on the administration of the Acts during the fiscal year. This report describes how Health Canada fulfilled its access to information and privacy responsibilities during the fiscal year 2004–2005.

About Health Canada

Overview

Health Canada is the federal department responsible for helping Canadians maintain and improve their health, while respecting individual choices and circumstances. Our goal is that Canada's population be one of the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

To achieve this goal, we:

- rely on high-quality scientific research as the basis for our work;

- conduct ongoing consultations with Canadians to determine how best to meet their long-term health care needs;
- communicate information about disease prevention to protect Canadians from avoidable risks; and
- encourage Canadians to take an active role in improving their health by, for example, increasing their physical activity and eating well.

To achieve Health Canada's vision, we play five core roles, which are:

- leader/partner through administering the Canada Health Act, which embodies the values and principles of medicare;
- funder through policy support for the federal government's Canada Health Transfer which replaced the Canada Health and Social Transfer on April 1, 2004. Health Canada also transfers funds to First Nations and Inuit organizations and communities to deliver community health services and provides grants and contributions to various organizations that reinforce the Department's health objectives;
- guardian/regulator through a stewardship role that involves both protecting Canadians and facilitating the provision of products vital to the health and well-being of Canadians, we regulate and approve the use of thousands of products;
- service provider through the delivery of environmental health and protection programs and services, through monitoring and tracking diseases, through the provision of supplementary health benefits to eligible First Nations and Inuit, through the delivery of public health and health promotion services on reserve and in Inuit communities, as well as through the provision of primary health care services on reserve and in remote and isolated areas where there are no provincial services readily available; and
- information provider through performing high quality science and research, which supports policy development and the regulation of increasingly sophisticated products; and, through research and surveillance we provide information that Canadians can use to maintain and improve their health.

Health Canada maintains presence in six regions:

- British Columbia and Yukon
- Alberta and Northwest Territory
- Manitoba and Saskatchewan
- Ontario and Nunavut
- Quebec
- Atlantic

For more information about Health Canada, please visit our website at www.hc-sc.gc.ca.

Information and Privacy Rights Administrative Organization

The Access to Information and Privacy (ATIP) Division, Corporate Services Branch, receives, coordinates and processes access to information and privacy requests for the Department. The Division works in collaboration with Legal Services. Its mandate is to serve the public, promote two-way information and knowledge sharing, support work on access and privacy issues and concerns, foster greater sensitivity to openness and transparency and protect personal information within the Department. Among the Division's responsibilities are:

- promoting awareness of the legislation and consistency of ATIP practices across the Department;
- developing corporate-wide ATIP policies and practices to guide the protection of and access to personal information and requested program records in Health Canada; and
- liaising and coordinating efforts with the Privacy and Information Commissioners, other government departments and agencies, provincial ministries of health and other key stakeholders.

In addition, the Privacy Policy Division, Information, Analysis and Connectivity Branch, collaborates with the ATIP Division and Legal Services to oversee the development of corporate-wide privacy policies and practices to guide personal information handling and sharing in Health Canada, and to increase privacy awareness and promote consistency in privacy practices. Its priorities include:

- providing policy guidance to program areas by clarifying issues, proposing solutions and advising on best practices;
- coordinating and overseeing the Privacy Impact Assessment process;
- monitoring and analysing privacy development in the health care sector; and
- defining privacy standards for information and communication technologies, e-health and e-services.

[Note: The ATIP Division and the Privacy Policy Division merged in June 2005.]

Highlights and Accomplishments for 2004-2005

The health care field is an information-intensive sector. Consequently, Health Canada finds itself at times the custodian of sensitive and personal health information. Ensuring public trust regarding the collection, use and disclosure of that information is critical to successfully developing, implementing and managing programs, policies and services to best serve Canadians health needs. Such trust is built on integrity, transparency and openness.

Fiscal year 2004–2005 saw considerable efforts at Health Canada to review, improve and update information management and privacy practices.

Policy Initiatives

Improved information technology can be a two-edged sword. While it provides ever easier and traceable access to information, it can increase the risk of privacy breaches. In its ongoing efforts to balance legitimate needs for comprehensive information with the right to privacy, Health Canada engaged in a number of policy initiatives in 2004-2005. These were also done in response to external and internal needs for policy renewal.

Two policy projects were completed: the Pan-Canadian Health Information Privacy and Confidentiality Framework and a Health Canada Privacy Policy.

Pan-Canadian Health Information Privacy and Confidentiality Framework

Health Canada, in collaboration with its provincial and territorial counterparts, developed a Pan-Canadian Health Information Privacy and Confidentiality Framework which provides a set of nationally harmonized privacy principles and provisions to inform legislative initiatives. The Framework is a guide rather than a prescription as legislators have the ultimate authority to determine the type of privacy legislation they wish to adopt.

The Framework is a valuable tool that responds to Canadian's privacy and confidentiality expectations while permitting the flow of information necessary to support effective health care. It will also support the development of primary health care reform initiatives such as interoperable, electronic health record systems.

All jurisdictions, with the exception of Québec and Saskatchewan, endorsed the Framework.

The team that developed the Framework received the Health Canada Deputy Minister's Excellence Award in June 2005.

Health Canada Privacy Policy

In addition to Canada-wide collaborative efforts, Health Canada continues to monitor and update

its Departmental privacy policies and guidelines. Following extensive consultation with branches and regional offices, a corporate Privacy Policy was drafted. It provides a new and sound foundation for the consistent management of privacy in the Department.

Other Policy Initiatives

During 2004-2005, work continued on the renewal of the health portfolio legislation. Health Canada has been finalizing its policy analysis on Legislation Renewal, with a view to moving forward with new health protection legislation. ATIP's role in this analysis was to provide expertise related to privacy and access to information.

During the year, Health Canada conducted an internal consultation and comprehensive reviews of its privacy requirements and concerns, and funded legal research to provide input into the Privacy Best Practices Guidelines for Research developed by the Canadian Institute of Health Research (CIHR). The CIHR brings together researchers, health professionals and policy makers from voluntary health organizations, provincial government agencies and industry, as well as patient groups from across Canada. Consequently, these guidelines will have a major impact on the execution of Canadian health research.

The Department also put in place a working group on e-prescribing in collaboration with Canada Health Infoway. It is developing standards for the secure and confidential electronic transmission of prescriptions from prescribers to pharmacists. ATIP is leading the working group on behalf of Health Canada.

Awareness

A comprehensive training strategy guided the implementation of a new privacy training module during fiscal year 2004-2005. The first phase was launched with a three-hour course, "Privacy: It's all about us." This course, which is available to all Health Canada employees, is raising awareness of the importance of privacy in the workplace and in the delivery of programs and services.

The training strategy also calls for developing additional courses on access to information and on the basics of conducting Privacy Impact Assessments.

Internal Initiatives

During 2004-2005, the Department undertook several internal initiatives to strengthen and secure its ability to fulfill its access to information and privacy responsibilities. For example:

- a new procedures manual was produced to assist ATIP analysts in processing requests; and
- a new software, ATIPimage, was implemented to facilitate the tracking and processing of ATI requests.

An ongoing activity is the conduct of Privacy Impact Assessments to determine whether privacy risks may be present in new or existing Departmental programs, initiatives or projects that handle personal information. During the year, Health Canada initiated nine Privacy Impact Assessments and one Preliminary Privacy Impact Assessment as part of its ongoing efforts to ensure that personal information entrusted to the Department is protected.

Research and Review

Making informed policy decisions and putting effective practices in place require comprehensive and sound information. Senior management at Health Canada received the results of several studies during 2004–2005 including:

- a legal study of de-identification and re-identification issues, which will provide the foundation for developing the Department's de-identification/re-identification policy and guidelines to assist managers in developing and maintaining databases to support program objectives while addressing the risks of re-identifying individuals pursuant to data disclosures;
- a comparative legal study and assessment of Canadian, United States and European approaches to privacy statutes and policies in a health-related context; and,
- a study, using surveys and focus groups, of Canadian attitudes about privacy issues related to health matters.

Case Load

During fiscal year 2004–2005, Health Canada received 1363 new access requests and 180 new privacy requests, with 355 access requests and 19 privacy requests carried over from the previous fiscal year.

Not just in numbers, but in terms of the scope, complexity and volume of documents captured, the 1917 requests represent a significant case load. In spite of the large volume, the Department was able to complete the processing of 1586 requests (1445 access requests and 141 privacy requests), while 331 requests were carried forward to 2005-2006.

Fees

The Access to Information Act authorizes fees for certain activities related to the processing of formal requests under the Act. In addition to a \$5 application fee, search, preparation and reproduction charges may also apply. The current fee structure is specified in the Access to Information Regulations. No fees are imposed for reviewing records or for overhead or shipping. Moreover, in accordance with section 11 of the Act, no fees are charged for the first five hours required to search for a record or prepare any part of it for disclosure.

The Access to Information Act permits the waiving of fees when it is deemed to be in the public interest. In accordance with Treasury Board guidelines, the Department waived 120 fees of \$25 or less during 2004–2005.

For fees over \$25, the Department examines fee waiver requests on a case-by-case basis, taking into account both processing costs and the public benefit from the release of the accessible information. During 2004–2005, the Department waived 46 fees over \$25.

No fees are applicable under the Privacy Act.

Reading Rooms

Section 71 of the Access to Information Act requires government institutions to provide facilities where members of the public may obtain information. The following Health Canada locations in Ottawa have been designated as public reading rooms.

- Access to Information and Privacy Division
Jeanne Mance Building
Building #19
Tunney's Pasture
- Health Canada Departmental Library
Jeanne Mance Building
Building #19
Tunney's Pasture
- Banting Research Centre Library
Sir Frederick G. Banting Research Centre
Building #22
Tunney's Pasture
- Environmental Health Library
Environmental Health Centre
Building #8
Tunney's Pasture
- Laboratory Centre of Disease Control
Library
Centre for Disease Control Building
Building #6
Tunney's Pasture
- Product Safety Library
1800 Walkley Road
- Radiation Protection Library
775 Brookfield Road

Part I: Access to Information

Statistical Report—Interpretation and Explanation

Appendix I provides a summarized statistical report on Access to Information Act applications handled by Health Canada between April 1, 2004 and March 31, 2005. The following text provides explanations and interpretations for the statistical information.

I. Requests under the Access to Information Act

After gradually increasing throughout the 1990s, the number of access to information requests has remained relatively stable, and high, over the past five years with a peak of 1543 new requests in 2003-2004.

Fiscal Year	New Requests
2000-2001	1345
2001-2002	1474
2002-2003	1367
2003-2004	1543
2004-2005	1363

Health Canada received 1363 new requests in 2004-2005, which represented 79.3% of all access requests handled. The 355 requests carried forward from 2003-2004 represented 20.7% of the total.

The largest number of requests (887) came from the business sector. The percentage breakdown was as follows:

Business	65%
Public	20%
Media	10%
Organizations	4%
Academia	1%

II. Disposition of Requests Completed

Of the 1718 requests dealt with, 1445 requests (84%) were completed during the 2004–2005 reporting period. As of March 31, 2005, 273 requests (16%) were carried forward.

The completed requests were classified as follows:

All disclosed—Of the 1445 completed requests, in 521 instances the requesters were provided with total access to the relevant records.

Disclosed in part—In another 482 cases, the requesters were granted partial access.

Nothing disclosed (excluded)—There were only 2 requests for which information could not be disclosed because all of the information was excluded under the Act.

Nothing disclosed (exempt)—In 48 cases, no access could be provided because all of the information was exempted under the Act.

Transferred—In accordance with the Act, 4 requests were transferred to other government institutions because the relevant records were not within the Department's purview.

Of the remaining 388 requests, the Department was unable to process 180 and dealt with 29 informally, while the applicants abandoned 179.

III. Exemptions Invoked

Section III of the statistical summary in Appendix I categorizes the exemptions according to the section or sections of the Act invoked. This information is provided to illustrate the types of exemptions invoked to refuse disclosure. It should be noted that these numbers do not total because a request could be denied under more than one exemption. For example, if for one request five different sections were cited, one exemption under each relevant section would be reported for a total of five. However, if the same exemption is used several times for the same request, it is reported only once.

The three most frequently cited reasons for denying access to information are that it contains third-party information, contains personal information or contains information that would affect government operations. Other reasons often cited might be that the disclosure could impact on federal–provincial affairs or on law enforcement/investigations, that it violates solicitor–client privilege, or that it was obtained in confidence.

IV. Exclusions Cited

The Access to Information Act does not apply to published material, material available for purchase by the public or confidences of the Queen's Privy Council, pursuant to sections 68 and 69 of the Act. As explained under Exemptions Invoked, the information provided in the statistical summary is provided to illustrate the types of exclusions invoked to deny access and the same caution applies.

V. /VI. Completion Time and Extensions

The Department was able to respond within 30 days or less in 47% of completed cases. Response times for the remaining cases were 20% within 31 to 60 days, 17% within 61 to 120 days, and 16% in 121 or more days. Extensions were most frequently required (144 cases) to allow time for searches. In 163 cases, extensions were necessary to conduct consultations, 31 of which required more than 30 days.

On April 1, 2005, Health Canada implemented new case management software, ATIPimage. This software, which is fully compatible with existing software, enables electronic scanning and processing of requests. Its introduction has contributed to more efficient processing and enhanced the Department's capability to generate statistics and review trends.

VII. Translations

No translations were required to respond to the 2004–2005 access requests.

VIII. Method of Access

Statistics compiled for this section are based solely on those requests for which information was all disclosed or disclosed in part. In only five instances did applicants

obtain access in person, and in only five instances did applicants obtain access through a combination of copies and in-person examination. In 993 instances, applicants received copies of the material that they requested.

IX. Fees

Health Canada collected \$20,251.40 in fees. In addition, the Department waived \$6,887 in fees for 166 requests.

X. Costs

The Department spent a total of \$996,635.83 administering the Act, of which salaries accounted for \$907,044.10 and operational costs accounted for \$89,591.73. The associated staffing amounted to 18 employees.

Complaints and Appeals

During 2004–2005, 24 access to information complaints against Health Canada were filed with the Office of the Information Commissioner of Canada. The complaints concerned:

Refusals	8
Delays	11
Exemptions	2
Extensions	3

Of these, 16 complaints were resolved, 6 were not substantiated and 2 were discontinued.

Formal/Informal Interface

The Access to Information Act is intended to complement, rather than replace, existing procedures for obtaining government information. In accordance with this principle, Health Canada encourages individuals and organizations to continue to address informal requests directly to the appropriate Branch or Regional Office.

Part II: Privacy

Statistical Report—Yes, Appendix II Interpretation and Explanation

Appendix I provides a summarized statistical report on Privacy Act applications handled by Health Canada between April 1, 2004 and March 31, 2005. The following text provides explanations and interpretations for the statistical information.

I. Requests under the Privacy Act

The Department received 180 new requests for personal information under the Privacy Act and had 19 requests carried forward from the previous fiscal year.

II. Disposition of Requests Completed

Of these 199 requests, the Department processed 141 (71%) to completion, leaving 58 requests to be carried over into the next fiscal year.

The completed requests were classified as follows:

All disclosed—Of the 141 completed requests, full disclosure was provided for 45 requests.

Disclosed in part—In another 57 cases, the requesters were granted partial disclosure.

Nothing disclosed (exempt)—There were only 7 requests that were entirely denied.

Of the remaining 32 requests, the Department was unable to process 16 for reasons, such as unable to locate the applicant or the records were not under our control. Applicants abandoned 16 requests.

III. Exemptions Invoked

As noted in Appendix II, the Department invoked exemptions pursuant to sections 22, 26 and 27 of the Privacy Act which pertain to personal information about other individuals, the conduct of an investigation and solicitor–client privilege.

IV. Exclusions Cited

No exclusions were invoked in 2004–2005.

V. /VI. Completion Time and Extensions

The Department was able to respond within 30 days or less in 21% of completed cases. Response times for the remaining cases were: 23% within 31 to 60 days, 29% within 61 to 120 days, and 27% in 121 or more days. Extensions were most frequently required because of interference with operations or the volume or complexity of demands surpassed operational capacity.

Section 8 Disclosures

Number of Permissible Disclosures without consent under section 8(2): 8

Subpoena or warrant - 8(2)(c) : 3

Law enforcement - 8(2)(e) : 2

Agreement between government of Canada and Province for law enforcement - 8(2)(f) : 1

Public Interest - 8(2)(m) : 2

VII. Translations

No translations were required to respond to the 2004–2005 privacy requests.

VIII. Method of Access

Statistics compiled for this section are based solely on those requests for which information was all disclosed or disclosed in part. In all 102 cases, copies of the records were provided and no right of examination was sought.

IX. Corrections and Notation

Only one correction was requested.

X. Costs

The total cost associated with Privacy Act activities was \$126,564.17. The associated staffing amounted to two full-time person years.

Privacy Impact Assessments

To fulfill its mandate, many of Health Canada's responsibilities require the collection, use and disclosure of personal information. As a trusted

custodian of this information, the Department uses Privacy Impact Assessments (PIAs) and Preliminary Privacy Impact Assessments (PPIAs), in accordance with Treasury Board policy, as a risk management approach to determine whether privacy risks may be present in new or existing departmental programs, initiatives or projects that handle personal information. A PIA goes through an internal approval process before being signed off by the Deputy Minister and sent to the Office of the Privacy Commissioner for review.

Preliminary Privacy Impact Assessments may be conducted if an initiative is at an early concept or design stage and detailed information is unknown, or when it is not clear that a PIA needs to be conducted.

Privacy Impact Assessments and Preliminary Privacy Impact Assessments Completed

During the fiscal year, one PIA and one PPIA have been approved by the Deputy Minister and sent to the Office of the Privacy Commissioner for review.

- Windsor Children's Respiratory Health Study
- Multistage Population-based Study to Determine the Association between Traffic-related Air Pollution and Childhood Asthma (PPIA)

Privacy Impact Assessments and Preliminary Privacy Impact Assessments initiated.

During the year 2004–2005, nine PIAs and one PPIA were initiated.

- Windsor, Ontario Exposure Assessment Study
- Canadian Viral Hepatitis Network Database
- E-Review Project, Policy Division
- iRIMS Project, Information and Knowledge Division
- Integration of the Immunization Record System into the Activity Tracking System
- Electronic Regulatory System (e-PRS), Pest Management Regulatory Agency
- E-Review, Therapeutic Products Directorate and Genetic Therapies Directorate
- Canada Prenatal Nutrition Program, National Evaluation of the Public Health Agency of Canada Component
- Adverse Effects Reporting Program, Pest Management Regulatory Agency
- Stakeholder Information Database of the Assisted Human Reproduction Implementation Office (PPIA)

Appendix I

2004-2005
Statistical Summary:
Access to Information Act

Appendix II

2004-2005 Statistical Summary:
Privacy Act

Appendix III

2003-2004 Statistical Summary:
Access to Information Act

Appendix IV

2003-2004 Statistical Summary:
Privacy Act

REPORT ON THE ACCESS TO INFORMATION ACT
 RAPPORT CONCERNANT LA LOI SUR L'ACCÈS À L'INFORMATION

Institution HEALTH CANADA SANTÉ CANADA			Reporting period Période visée par le rapport 4/1/2004 to/à 3/31/2005		
Source	Media Médias 140	Academia Secteur universitaire 11	Business Secteur commercial 887	Organization Organisme 50	Public 275

I Requests under the Access to Information Act
 Demandes en vertu de la Loi sur l'accès à l'information

Received during reporting period Reçues pendant la période visée par le rapport	1,363
Outstanding from previous period En suspens depuis la période antérieure	355
TOTAL	1,718
Completed during reporting period Traitées pendant la période visée par le rapport	1,445
Carried forward Reportées	273

II Disposition of requests completed
 Disposition à l'égard des demandes traitées

1. All disclosed Communication totale	521	6. Unable to process Traitement impossible	180
2. Disclosed in part Communication partielle	482	7. Abandoned by applicant Abandon de la demande	179
3. Nothing disclosed (excluded) Aucune communication (exclusion)	2	8. Treated informally Traitement non officiel	29
4. Nothing disclosed (exempt) Aucune communication (exemption)	48	TOTAL	1,445
5. Transferred Transmission	4		

III Exemptions invoked
 Exemptions invoquées

S. Art. 13(1)(a)	13	S. Art. 16(1)(a)	5	S. Art. 18(b)	1	S. Art. 21(1)(a)	44
(b)	0	(b)	3	(c)	0	(b)	62
(c)	10	(c)	6	(d)	0	(c)	8
(d)	0	(d)	0	S. Art. 19(1)	208	(d)	7
S. Art. 14	30	S. Art. 16(2)	2	S. Art. 20(1)(a)	55	S. Art. 22	5
S. 15(1) International rel. Art. Relations intern.	5	S. Art. 16(3)	0	(b)	356	S. Art. 23	21
Defence Défense	0	S. Art. 17	1	(c)	148	S. Art. 24	1
Subversive activities Activités subversives	0	S. Art. 18(a)	0	(d)	34	S. Art. 26	1

IV Exclusions cited
 Exclusions citées

S. Art. 68(a)	3	S. Art. 69(1)(c)	0
(b)	2	(d)	0
(c)	0	(e)	1
S. Art. 69(1)(a)	0	(f)	0
(b)	0	(g)	0

V Completion time
 Délai de traitement

30 days or under 30 jours ou moins	675
31 to 60 days De 31 à 60 jours	294
61 to 120 days De 61 à 120 jours	242
121 days or over 121 jours et plus	234

VI Extensions
 Prorogations des délais

	30 days or under 30 jours ou moins	31 days or over 31 jours ou plus
Searching Recherche	210	234
Consultation	132	31
Third party Tiers	34	162
TOTAL	376	427

VII Translations
 Traductions

Translations requested Traductions demandées	0
Translations prepared Traductions préparées	0
English to French De l'anglais au français	0
French to English Du français à l'anglais	0

VIII Method of access
 Méthode de communication

Copies given Copies de l'original	993
Examination Examen de l'original	5
Copies and examination Copies et examen	5

IX Fees
 Frais

Net fees collected Frais nets perçus			
Application fees Frais de la demande	\$6,658.20	Preparation Préparation	\$6.40
Reproduction	\$8,809.30	Computer processing Traitement informatique	\$160.00
Searching Recherche	\$4,617.50	TOTAL	\$20,251.40
Fees waived Dispense de frais		No. of times Nombre de fois	\$
\$25.00 or under 25 \$ ou moins		120	\$865.00
Over \$25.00 De plus de 25 \$		73	\$6,022.00

X Costs
 Coûts

Financial (all reasons) Financiers (raisons)		(\$000)
Salary Traitement		907,044.1
Administration (O and M) Administration (fonctionnement et maintien)		89,591.7
TOTAL		996,635.8
Person year utilization (all reasons) Années-personnes utilisées (raisons)		
Person year (decimal format) Années-personnes (nombre décimal)		18.00

Institution Health Canada Santé Canada	Reporting period / Période visée par le rapport 4/1/2004 to/à 3/31/2005
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I Requests under the Privacy Act / Demandes en vertu de la Loi sur la protection des renseignements personnels	
Received during reporting period / Reçues pendant la période visée par le rapport	180
Outstanding from previous period / En suspens depuis la période antérieure	19
TOTAL	199
Completed during reporting period / Traitées pendant la période visées par le rapport	141
Carried forward / Reportées	57

II Disposition of request completed / Disposition à l'égard des demandes traitées	
1. All disclosed / Communication totale	45
2. Disclosed in part / Communication partielle	57
3. Nothing disclosed (excluded) / Aucune communication (exclusion)	0
4. Nothing disclosed (exempt) / Aucune communication (exemption)	7
5. Unable to process / Traitement impossible	16
6. Abandoned by applicant / Abandon de la demande	16
7. Transferred / Transmission	0
TOTAL	141

III Exemptions invoked / Exceptions invoquées	
S. / Art. 18(2)	0
S. / Art. 19(1)(a)	0
(b)	0
(c)	0
(d)	0
S. / Art. 20	0
S. / Art. 21	0
S. / Art. 22(1)(a)	0
(b)	2
(c)	0
S. / Art. 22(2)	0
S. / Art. 23(a)	0
(b)	0
S. / Art. 24	0
S. / Art. 25	0
S. / Art. 26	12
S. / Art. 27	4
S. / Art. 28	0

IV Exclusions cited / Exclusions citées	
S. / Art. 69(1)(a)	0
(b)	0
S. / Art. 70(1)(a)	0
(b)	0
(c)	0
(d)	0
(e)	0
(f)	0

V Completion time / Délai de traitement	
30 days or under / 30 jours ou moins	30
31 to 60 days / De 31 à 60 jours	32
61 to 120 days / De 61 à 120 jours	41
121 days or over / 121 jours ou plus	38

VI Extentions / Prorogations des délais		
	30 days or under / 30 jours ou moins	31 days or over / 31 jours ou plus
Interference with operations / Interruption des opérations	16	
Consultation	4	
Translation / Traduction	0	0
TOTAL	20	0

VII Translations / Traductions		
Translations requested / Traductions demandées		0
Translations prepared / Traductions préparées	English to French / De l'anglais au français	0
	French to English / Du français à l'anglais	0

VIII Method of access / Méthode de consultation	
Copies given / Copies de l'original	102
Examination / Examen de l'original	0
Copies and examination / Copies et examen	0

IX Corrections and notation / Corrections et mention	
Corrections requested / Corrections demandées	1
Corrections made / Corrections effectuées	0
Notation attached / Mention annexée	0

X Costs / Coûts	
Financial (all reasons) / Financiers (raisons)	
Salary / Traitement	\$ 116,609.53
Administration (O and M) / Administration (fonctionnement et maintien)	\$ 9,954.64
TOTAL	\$ 126,564.17
Person year utilization (all reasons) / Années-personnes utilisées (raisons)	
Person year (decimal format) / Années-personnes (nombre décimal)	2.0



REPORT ON THE ACCESS TO INFORMATION ACT
 RAPPORT CONCERNANT LA LOI SUR L'ACCÈS À L'INFORMATION

Institution HEALTH CANADA SANTÉ CANADA			Reporting period Période visée par le rapport 4/1/2003 to/à 3/31/2004		
Source	Media Médias 181	Academia Secteur universitaire 23	Business Secteur commercial 972	Organization Organisme 91	Public 276

I Requests under the Access to Information Act
 Demandes en vertu de la Loi sur l'accès à l'information

Received during reporting period Reçues pendant la période visée par le rapport	1,543
Outstanding from previous period En suspens depuis la période antérieure	165
TOTAL	1,708
Completed during reporting period Traitées pendant la période visée par le rapport	1,353
Carried forward Reportées	355

II Disposition of requests completed
 Disposition à l'égard des demandes traitées

1. All disclosed Communication totale	478	6. Unable to process Traitement impossible	213
2. Disclosed in part Communication partielle	431	7. Abandoned by applicant Abandon de la demande	144
3. Nothing disclosed (excluded) Aucune communication (exclusion)	0	8. Treated informally Traitement non officiel	20
4. Nothing disclosed (exempt) Aucune communication (exemption)	66	TOTAL	1,353
5. Transferred Transmission	1		

III Exemptions invoked
 Exemptions invoquées

S. Art. 13(1)(a)	15	S. Art. 16(1)(a)	6	S. Art. 18(b)	0	S. Art. 21(1)(a)	45
(b)	0	(b)	3	(c)	2	(b)	67
(c)	7	(c)	0	(d)	2	(c)	5
(d)	1	(d)	0	S. Art. 19(1)	125	(d)	2
S. Art. 14	12	S. Art. 16(2)	7	S. Art. 20(1)(a)	98	S. Art. 22	2
S. 15(1) International rel. Art. Relations intern.	1	S. Art. 16(3)	0	(b)	343	S. Art. 23	35
Defence Défense	3	S. Art. 17	3	(c)	111	S. Art. 24	0
Subversive activities Activités subversives	0	S. Art. 18(a)	0	(d)	28	S. Art. 26	6

IV Exclusions cited
 Exclusions citées

S. Art. 68(a)	3	S. Art. 69(1)(c)	0
(b)	0	(d)	0
(c)	0	(e)	1
S. Art. 69(1)(a)	0	(f)	0
(b)	0	(g)	4

V Completion time
 Délai de traitement

30 days or under 30 jours ou moins	849
31 to 60 days De 31 à 60 jours	297
61 to 120 days De 61 à 120 jours	171
121 days or over 121 jours et plus	36

VI Extensions
 Prorogations des délais

	30 days or under 30 jours ou moins	31 days or over 31 jours ou plus
Searching Recherche	237	9
Consultation	127	8
Third party Tiers	159	9
TOTAL	523	26

VII Translations
 Traductions

Translations requested Traductions demandées	0
Translations prepared Traductions préparées	0
English to French De l'anglais au français	0
French to English Du français à l'anglais	0

VIII Method of access
 Méthode de communication

Copies given Copies de l'original	899
Examination Examen de l'original	2
Copies and examination Copies et examen	8

IX Fees
 Frais

Net fees collected Frais nets perçus			
Application fees Frais de la demande	\$7,468.20	Preparation Préparation	\$79.40
Reproduction	\$12,162.90	Computer processing Traitement informatique	\$0.00
Searching Recherche	\$12,354.60	TOTAL	\$32,065.10
Fees waived Dispense de frais		No. of times Nombre de fois	\$
\$25.00 or under 25 \$ ou moins		109	\$650.89
Over \$25.00 De plus de 25 \$		33	\$2,387.40

X Costs
 Coûts

Financial (all reasons) Financiers (raisons)		(\$000)
Salary Traitement		668,407.1
Administration (O and M) Administration (fonctionnement et maintien)		146,883.7
TOTAL		815,290.8
Person year utilization (all reasons) Années-personnes utilisées (raisons)		
Person year (decimal format) Années-personnes (nombre décimal)		11.34

REPORT ON THE PRIVACY ACT
 RAPPORT CONCERNANT LA LOI SUR LA PROTECTION DES RENSEIGNEMENTS PERSONNELS

Institution Health Canada Santé Canada	Reporting period / Période visée par le rapport 4/1/2003 to/à 3/31/2004
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I Requests under the Privacy Act / Demandes en vertu de la Loi sur la protection des renseignements personnels	
Received during reporting period / Reçues pendant la période visée par le rapport	134
Outstanding from previous period / En suspens depuis la période antérieure	11
TOTAL	145
Completed during reporting period / Traitées pendant la période visées par le rapport	124
Carried forward / Reportées	19

II Disposition of request completed / Disposition à l'égard des demandes traitées	
1. All disclosed / Communication totale	96
2. Disclosed in part / Communication partielle	17
3. Nothing disclosed (excluded) / Aucune communication (exclusion)	0
4. Nothing disclosed (exempt) / Aucune communication (exemption)	1
5. Unable to process / Traitement impossible	3
6. Abandoned by applicant / Abandon de la demande	6
7. Transferred / Transmission	1
TOTAL	124

III Exemptions invoked / Exceptions invoquées	
S. / Art. 18(2)	0
S. / Art. 19(1)(a)	0
(b)	0
(c)	0
(d)	0
S. / Art. 20	0
S. / Art. 21	0
S. / Art. 22(1)(a)	0
(b)	2
(c)	0
S. / Art. 22(2)	0
S. / Art. 23(a)	0
(b)	0
S. / Art. 24	0
S. / Art. 25	0
S. / Art. 26	12
S. / Art. 27	4
S. / Art. 28	0

VI Extentions / Prorogations des délais		
	30 days or under / 30 jours ou moins	31 days or over / 31 jours ou plus
Interference with operations / Interruption des opérations	16	
Consultation	4	
Translation / Traduction	0	0
TOTAL	20	0

IV Exclusions cited / Exclusions citées	
S. / Art. 69(1)(a)	0
(b)	0
S. / Art. 70(1)(a)	0
(b)	0
(c)	0
(d)	0
(e)	0
(f)	0

V Completion time / Délai de traitement	
30 days or under / 30 jours ou moins	100
31 to 60 days / De 31 à 60 jours	14
61 to 120 days / De 61 à 120 jours	9
121 days or over / 121 jours ou plus	1

VII Translations / Traductions		
Translations requested / Traductions demandées		0
Translations prepared / Traductions préparées	English to French / De l'anglais au français	0
	French to English / Du français à l'anglais	0

VIII Method of access / Méthode de consultation	
Copies given / Copies de l'original	113
Examination / Examen de l'original	0
Copies and examination / Copies et examen	0

IX Corrections and notation / Corrections et mention	
Corrections requested / Corrections demandées	1
Corrections made / Corrections effectuées	0
Notation attached / Mention annexée	0

X Costs / Coûts	
Financial (all reasons) / Financiers (raisons)	
Salary / Traitement	\$ 74,267.45
Administration (O and M) / Administration (fonctionnement et maintien)	\$ 16,320.41
TOTAL	\$ 90,587.87
Person year utilization (all reasons) / Années-personnes utilisées (raisons)	
Person year (decimal format) / Années-personnes (nombre décimal)	1.26

