

FIPPA resources

Freedom of Information and Protection of Privacy Act, RSO 1990, c F.31. Available at <http://canlii.ca/t/2d9>.

Information and Privacy Commissioner of Ontario

- web site : <http://www.ipc.on.ca/english/>
- access to information request form : <http://www.ipc.on.ca/english/Resources/Forms/Forms-Summary/?id=198>
- appeal form : <http://www.ipc.on.ca/english/Resources/Forms/Forms-Summary/?id=199>
- appeals flow chart : <http://www.ipc.on.ca/English/Resources/IPC-Corporate/IPC-Corporate-Summary/?id=311>

Directory of government organizations :

http://www.mgs.gov.on.ca/en/infoaccessandprivacy/STDU_102690.html

This presentation and accompanying handouts are available at Scholarship@Western :
<http://ir.lib.uwo.ca/>.

Exercise

On January 30, 2012, The University of Western Ontario signed a copyright licence agreement with Access Copyright. The agreement took effect as of January 1, 2011. The agreement was signed by Janice Deakin, (Provost) and Maureen Cavan (Executive Director of Access Copyright).

The agreement includes a clause stipulating that Western and Access Copyright shall establish, within 30 days of signing, a joint taskforce to develop a methodology to survey the school's use of copyrighted material ("Survey of Bibliographic and Volume Data"). The methodology shall be agreed upon within six months of establishing the taskforce, and the survey shall take place within three months after that.

11. Survey of Bibliographic and Volume Data

(a) Access Copyright and the Licensee shall establish a joint taskforce, within thirty (30) days of both parties signing this agreement, to develop a mutually agreeable survey methodology and/or reporting structure for the provision of valid and reliable bibliographic and volume data to Access Copyright for distribution purposes and to be used as a measure of volume to assess the appropriateness of the Royalties for any extension term. The parties shall agree on the methodology and reporting structure within six (6) months of establishing the joint taskforce.

(b) Access Copyright and the Licensee shall initiate the implementation of the survey by no later than three (3) months after the agreement on survey methodology and/or reporting structure is reached, unless the parties agree to a different schedule.

(c) Any survey shall respect all applicable privacy laws, including the Licensee's privacy policies in effect from time to time, and principles of academic freedom.

Prepare a request to Western for information related to the bibliographic survey. You want to know, at a minimum, if it has taken place (or when it is expected to take place) and the methodology. Determine if there is anything else you would need to know in order to make the request, and where (or from whom) you might find it.



Access/Correction Request

Freedom of Information and Protection of Privacy

How to Submit: Mail or deliver completed form with original signature to the Freedom of Information and Privacy Office, University Secretariat, The University of Western Ontario, Room 290, Stevenson-Lawson Building, London, Ontario, N6A 5B8. As a formal request is not complete until the original and \$5.00 fee are received, emails and faxes are not acceptable.

Request for: <input type="checkbox"/> Access to General Records <input type="checkbox"/> Access to Own Personal Information <input type="checkbox"/> Correction of Own Personal Information	Faculty(ies)/Department(s) holding requested record(s), if known:		
If request is for access to, or correction of, own personal information records: Last name appearing on records: <input type="checkbox"/> same as below or ►			
Details:			
Last Name	First Name	Middle Name	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Name of company or organization (if applicable)			
Address (Street/Apt. No./P.O. Box/R.R. No.)		City/Town	Province
Postal Code			
Email Address	Telephone Number(s)		
	Day ► ()	Evening ► ()	
Detailed description of requested records, personal information records, or personal information to be corrected, including the time period of the records, if known. Please attach additional pages if more space is required.			
<p>Note: If you are requesting access to, or correction of, your personal information, please identify the record, if known. If you are requesting a correction of personal information, please indicate the desired correction and, if appropriate, attach any supporting documentation. If you are requesting personal information on another person's behalf, please attach proof that you have the authority to act for that person.</p>			
Preferred method of access to records <input type="checkbox"/> Examine Original <input type="checkbox"/> Receive Copy		Signature	Date
For Institution Use Only			
Date Received		Request Number	Fee Received
Day	Month	Year	<input type="checkbox"/> Cheque or money order payable to The University of Western Ontario <input type="checkbox"/> Cash: Receipt # _____

Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your request. Questions about this collection should be directed to Western's Freedom of Information and Privacy Coordinator, Freedom of Information and Privacy Office, University Secretariat, The University of Western Ontario, Room 290, Stevenson-Lawson Building, London, Ontario, N6A 5B8. Tel: 519-661-2111 ext. 84543.

Appeal Form

Appeal under the
Freedom of Information and Protection of Privacy Act (FIPPA)
or the
Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)

Note: An appeal must be sent in writing **to the Registrar within 30 days** after the institution has given notice of its decision.

The government organization which dealt with your request is referred to as an "institution" under the Acts.

Your Information

MR. MRS. MS. MISS

SURNAME OR _____
NAME OF COMPANY, ASSOCIATION OR ORGANIZATION

GIVEN NAME _____ INITIALS _____

ADDRESS _____ UNIT _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE DAYTIME _____ EVENING _____

If this appeal is not being made in a personal capacity, please provide the following information:

NAME OF CONTACT _____

TITLE _____ TELEPHONE _____

E-MAIL ADDRESS* _____

*I consent to being contacted at this e-mail address or through that of my representative on my behalf. I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.

Please select *one* of the following:

- I made a request for access to a general record, and have enclosed the required \$25.00 appeal fee.
- I made a request for access to my own personal information and have enclosed the required \$10.00 appeal fee.
- I made a request to correct my own personal information and have enclosed the required \$10.00 appeal fee.
- I received a notice that the institution intends to disclose a record/personal information that may relate to me. (No appeal fee required.)



Representative Information (Complete only if you will be represented.)

I authorize the following person to act on my behalf and to receive any personal information pertaining to me, as necessary for the purposes of this appeal.

REPRESENTATIVE IS A: LAWYER AGENT MR. MRS. MS. MISS

SURNAME _____

GIVEN NAME _____ INITIALS _____

NAME OF COMPANY, ASSOCIATION OR ORGANIZATION _____

ADDRESS _____ UNIT _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE DAYTIME _____ EVENING _____

E-MAIL ADDRESS _____

Institution Information (if available)

NAME OF INSTITUTION _____

INSTITUTION FILE NUMBER _____

Consent to Provide a Copy of Documentation to the Institution

Please select *one* of the following:

- I consent to a copy of this form and all attachments being provided to the institution.
- I do not consent to a copy of this form and all attachments being provided to the institution.
-

Attachments

The following documents have been attached (if available):

- Copy of the request.
- Copy of the institution's decision letter.
- Appeal fee made payable to the Minister of Finance (if required).



Details of the Appeal

Please select the box(es) that explain why the appeal is being made.

- Deemed Refusal** – It is more than 30 days since I made my request and I have not received a decision.
- Failure to Disclose Records** – The institution decided to grant access to requested records but I have not received them.
- Time Extension** – The institution decided to extend the time limit for responding to my request, and I disagree.
- No Jurisdiction** – The institution indicated that the requested records are excluded from the *Act* and I disagree.
- Reasonable Search** – The institution indicated that some or all of the requested records do not exist and I believe that more records do exist.
- Frivolous or Vexatious** – The institution indicated my request is frivolous or vexatious and I disagree.
- Exemptions** – The institution has exempted all or part of the requested records and I believe that more of them should be disclosed.
- Interim Decision** – Because of the number of records at issue, the institution reviewed a sample of the records or consulted an experienced employee, advised me of the exemptions that might apply, and provided me with a fee estimate. I disagree with the amount of the fee estimate.
- Fee/Fee Estimate** – The institution sent me an access decision that included a fee or fee estimate that I feel is excessive.
- Fee Waiver** – The institution has refused to grant my request to waive the fees.
- Refusal to Confirm or Deny** – The institution has refused to confirm or deny the existence of the requested records.
- Correction** – The institution has refused to make corrections to my personal information.
- Third Party** – The institution has indicated it will grant access to a record/personal information that may relate to me or the appellant, and I feel this information should not be disclosed.
- Other** – please explain:

Resolution of Appeal

Please describe how you feel this appeal could be resolved.

Previous Appeals

Please list any previous appeals with the Information and Privacy Commissioner/Ontario that may relate to this matter.

Information about the Appeal Process

For more information about the processes of the Information and Privacy Commissioner/Ontario and the Code of Procedure for appeals, please contact our office at 416-326-3333, toll-free at 1-800-387-0073, or visit our website at www.ipc.on.ca.

Where to Send this Form

This form, the applicable fee, and any additional documentation must be sent in writing to the Registrar within 30 days after the institution has given notice of its decision. The cheque should be payable to the Minister of Finance.

DO NOT SEND CASH. Mail the above to:

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

Signature

YOUR SIGNATURE _____ DATE _____