



**Burntwood**  
Regional Health Authority

Mr. Colin Craig  
Canadian Taxpayers Federation  
212-428 Portage Avenue  
Winnipeg, MB  
R3C 0E2

August 13, 2008

Dear Mr. Craig,

Re: Your request for access to information under *The Freedom of Information and Protection of Privacy Act* (our file number F46-08)

On July 8, 2008 the Burntwood Regional Health Authority received your request for access to the following records:

- **Please provide the total amount spent on out of province travel, employee food/drink expenses, promotional give away items (i.e. travel mugs, pens – not including brochures and paper handouts) and gifts. Please note the location of any out of province travel destinations.**

**Example:**

	<b>Total</b>	<b>F/D</b>	<b>TR</b>	<b>AC</b>	<b>GF</b>	<b>OTH</b>
<b>2005 -</b>	<b>\$10,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$6,000</b>
<b>2006 -</b>	<b>\$10,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$6,000</b>
<b>2007 -</b>	<b>\$10,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$1,000</b>	<b>\$6,000</b>

I am pleased to inform you that your request for access to these records has been granted in part. As noted below, some of the other records are not available and an estimate of costs is enclosed for the remainder of the requested information.

Our current electronic financial system has only been in place since 2007 and there is very little record of out of province travel being coded to the appropriate code in this system for the 2007/2008 fiscal year. In order to obtain the information that you have requested, we were required to manually search the records. Therefore, the information provided is our best estimate for the 2007 calendar year. We are also only able to provide you with the information as a total cost and are unable to break it down into the categories that you defined.

No records are available from the electronic system used prior to 2007, necessitating the review of manual records. We have determined that fees are payable for processing this portion of your request, as permitted under section 82 of *The Freedom of Information and Protection of Privacy Act* and sections 4 to 8 of the *Access and Privacy Regulation*.

“ Northern Health in Northern Hands ”

BURNTWOOD COMMUNITY HEALTH RESOURCE CENTRE   
50 Selkirk Avenue  
Thompson, Manitoba R8N 0M7  
Tel: 204-677-1777 Fax: 204-677-1755

GILLAM HOSPITAL   
Box 2000  
Gillam, Manitoba R0B 0L0  
Tel: 204-652-2600 Fax: 204-652-2536

LYNN LAKE HOSPITAL   
Box 2030  
Lynn Lake, Manitoba R0B 0W0  
Tel: 204-356-2474 Fax: 204-356-8023

REGIONAL HEAD OFFICE   
867 Thompson Drive South  
Thompson, Manitoba R8N 1Z4  
Tel: 204-677-5350 Fax: 204-778-1424

THOMPSON GENERAL HOSPITAL   
871 Thompson Drive South  
Thompson, Manitoba R8N 0C8  
Tel: 204-677-2381 Fax: 204-778-1408

COMMUNITY HEALTH   
867 Thompson Drive South  
Thompson, Manitoba R8N 1Z4  
Tel: 204-677-5350 Fax: 204-778-1424

LEAF RAPIDS HEALTH CENTRE   
Box 370  
Leaf Rapids, Manitoba R0B 1W0  
Tel: 204-473-2441 Fax: 204-473-8273

PIKWITONEI COMMUNITY HEALTH CENTRE   
General Delivery  
Pikwitonei, Manitoba R0B 1E0  
Tel: 204-458-2402 Fax: 204-458-2468

THICKET PORTAGE COMMUNITY HEALTH CENTRE   
General Delivery  
Thicket Portage, Manitoba R0B 1R0  
Tel: 204-286-3254 Fax: 204-286-3216

WABOWDEN COMMUNITY HEALTH CENTRE   
General Delivery  
Wabowden, Manitoba R0B 1S0  
Tel: 204-689-2600 Fax: 204-689-2180

An Estimate of Costs form is attached. Please indicate your desire to proceed with your request by signing the attached form and returning it to us, with a cheque or money order for the total amount of the fees, payable to Burntwood Regional Health Authority, within 30 days of receipt of this letter.

You have up to 30 days from the date this Estimate of Costs is given to indicate if the estimate is accepted or to modify your request for access in order to change the amount of the fees payable. If you do not respond within this time, subsection 82(3) of the *Act* permits us to assume that you have decided to abandon your request.

Please note that subsection 82(5) of the *Act* and section 9 of the *Access and Privacy Regulation* give the Burntwood Regional Health Authority discretion to waive payment of all or part of the required fees in some limited situations. Subsection 9(1) of the *Access and Privacy Regulation* states:

- 9(1) At the applicant's request, the head of a public body may waive all or part of the fees payable under this regulation if the head is satisfied that
- (a) payment would impose an unreasonable financial hardship on the applicant;
  - (b) the request for access relates to the applicant's own personal information and waiving the fees would be reasonable and fair in the circumstances; or
  - (c) the record relates to a matter of public interest concerning public health or safety or the environment.

If you want us to consider waiving all or part of the fees payable, please write to me setting out detailed reasons, based on clause 9(a)(a), (b) or (c) of the Regulation, why we should consider a waiver of fees.

**The total estimated cost of out of province travel for the Burntwood Regional Health Authority (BRHA) for the 2007 calendar year is \$65, 126.70. This is for a staff of approximately 750 employees.**

**The location of out of province travel included: Montreal, Toronto, Calgary, St. John's, Edmonton, Vancouver, Kelowna, Halifax, Saskatoon, Regina, Moncton, Thunder Bay, London On, Denver CO.**

**The total amount spent by the BRHA for employee food/drink expenses for the 2007-2008 fiscal year was \$37,781.48.** This information is not available for the previous years due to the change in financial systems.

The cost of Promotional items and gifts is also an estimated cost for the 2007-2008 fiscal year. The BRHA purchases a number of promotional items, most of which are sold to staff and a small portion is given away as gifts or donations. Donations are only given for health related events and gifts are only given for health program related initiatives or public relations. This information is not available for the years prior to 2007.

**The total estimated cost of promotional items given as gifts or donations by the BRHA for the 2007-2008 fiscal year is: \$2850.00.**

Subsection 59(1) of *The Freedom of Information and Protection of Privacy Act* provides that you may make a complaint about this decision to the Manitoba Ombudsman. You have 60 days from the receipt of this letter to make a complaint on the prescribed form to:

Manitoba Ombudsman  
750 – 500 Portage Avenue  
Winnipeg, MB R3C 3X1  
982-9130  
1-800-665-0531  
(204) 942-7803 (fax)

If you have any further questions concerning this matter, please contact Vivian Salmon, Access and Privacy Coordinator at (204) 778-1449

Sincerely,

A handwritten signature in black ink that reads "Gloria King". The signature is written in a cursive style with a large initial "G".

Ms. Gloria King  
CEO, Burntwood RHA

cc Vivian Salmon, Access and Privacy Coordinator

## ESTIMATE OF COSTS



In accordance with subsection 82(2), you are being advised by this estimate that there is a fee payable for responding to your application for access to records. The estimate is as follows, based on charges authorized under sections 4 and 6 of the *Access and Privacy Regulation*:

APPLICATION NUMBER: F46-08

**Search and Preparation Fee:**  
Time in excess of two hours . . . . . hours  
Estimated cost (at \$15.00 each half hour) . . . . . \$

**Computer Programming and Data Processing Fee:**

- Internal work  
Time estimate . . . . . minutes  
Estimated cost (at \$10.00 each 15 minutes) . . . . . \$
- External Work  
Estimated cost (at actual cost) . . . . . \$

**Total of estimated costs** . . . . . \$

**Please note:** There is generally an additional charge for obtaining copies.

A refund will be made if access to every record requested is refused, or if the actual cost is less than this estimate.

**Signed:** \_\_\_\_\_  
(Access and Privacy Officer or Coordinator)

**Name of Public Body:** BURNTWOOD REGIONAL HEALTH AUTHORITY

**Address:** 867 THOMPSON DRIVE, THOMPSON, MB R8N 1Z4

**Date:** \_\_\_\_\_

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Please indicate your willingness to proceed by signing below and returning a copy of this form with a cheque payable to BURNTWOOD REGIONAL HEALTH AUTHORITY. Applicants have up to 30 days from the date the estimate is given to indicate if it is accepted or to modify the request in order to change the amount of the fees. After this period, the application would be considered to be abandoned. We shall notify you when the records are ready.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_