ALBERTA

OFFICE OF THE INFORMATION AND PRIVACY COMMISSIONER

ORDER H2006-002

September 6, 2006

CALGARY HEALTH REGION

Review Number H0676

Office URL: http://www.oipc.ab.ca

Summary: The Applicant made a request to Calgary Health Region ("CHR") under the *Health Information Act* ("HIA") for access to his hospital records at the Peter Lougheed Centre. CHR disclosed 124 pages but withheld 1½ pages of information, saying that it properly applied section 11(1)(b) of HIA (disclosure leading to identification of person who provided health information).

The Adjudicator found that CHR properly applied section 11(1)(b) of HIA as (i) the disclosure could reasonably lead to the identification of a person who provided health information to CHR implicitly in confidence in circumstances where it was appropriate that the name of the person who provided the information be kept confidential, and (ii) CHR properly exercised its discretion. She confirmed CHR's refusal to give the Applicant access as the disclosure could lead to the identification of a confidential source of health information under section 11(1)(b) of HIA.

Statutes Cited: AB: *Health Information Act*, R.S.A. 2000, c. H-5, ss. 1(1)(i), 1(1)(k), 1(1)(m), 2(b), 2(d), Part 2, 7(1), 7(2), 11, 11(1), 11(1)(b), 79, 80(2); *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25, s. 16(1)(b); *Interpretation Act*, R.S.A. 2000, c. I-8, s. 10.

Authors Cited: Ruth Sullivan, *Sullivan and Driedger on the Construction of Statutes*, 4th ed., Markham Ontario: Butterworths, 2002; Alberta Health and Wellness, *Health Information Act: Guidelines and Practices Manual – Alberta's Health Information Act*, Alberta Health and Wellness, 2001; Katherine Barber, Ed., *Canadian Oxford Dictionary,* 2nd ed., Oxford: University Press, 2004; Bryan Garner, Ed., *Black's Law Dictionary*, 8th ed., St. Paul: Thomson West, 2004.

Cases Cited: *Canada 3000 Inc., Re; Inter-Canadian (1991) Inc. (Trustee of),* 2006 SCC 24 (CanLII) (SCC); *H. J. Heinz Co. of Canada Ltd. v. Canada (Attorney General),* [2006] 1 S.C.R. 441, 2006 SCC 13 (CanLII) (SCC); *ATCO Gas & Pipelines Ltd. v. Alberta (Energy & Utilities Board),* 2006 SCC 4 (CanLII) (SCC); *The Trial of Thomas Hardy for Treason* (1794), 24 St. Tr. 199; *R. v. Pires: R. v. Lising,* [2005] 3 S.C.R. 343, 2005 SCC 66 (CanLII) (S.C.C); *Toronto Star Newspapers Ltd. v. Ontario*, [2005] 2 S.C.R. 188, 2005 SCC 41 (CanLII) S.C.C); *R. v. Mentuck*, [2001] 3 S.C.R. 442, 2001 SCC 76 (CanLII) (S.C.C); *Sol. Gen. Can. et al. Royal Commission (Health Records),* [1981] 2 S.C.R. 494, 1981 CanLII 33 (S.C.C.)

Orders Cited: AB: Orders F2005-017 & H2005-001, F2004-006,F2004-005 & H2004-001, F2002-01, H2002-001, 2001-026, 2001-021, 2000-014, 2000-010, 99-018, 96-020.

I. BACKGROUND

[para 1] The Applicant made a request to Calgary Health Region (the "Custodian" or "CHR") under the *Health Information Act,* R.S.A. 2000, c. H-5 (the "Act" or "HIA") for access to his hospital records at the Peter Lougheed Centre. CHR disclosed 124 pages but withheld 1½ pages of information, saying that it properly applied section 11(1)(b) of HIA (disclosure leading to identification of person who provided health information).

[para 2] The Applicant asked for a review of CHR's response to the access request, but the Applicant was not satisfied with the mediation authorized. The matter was set down for a written inquiry (the "Inquiry"). Commissioner Frank Work delegated me to hear the inquiry. CHR provided a copy of the information at issue, which was accepted *in camera*. Both parties provided written initial submissions but neither party provided rebuttal submissions for the Inquiry.

II. RECORD AT ISSUE

[para 3] In its initial written submission, CHR describes the severed information as a 1½ page entry in the hospital records that falls on pages entitled, "Multidisciplinary Progress Record". The entry is dated October 6, 2004 and timed at 1500 hours. The information withheld falls under the headings of "FOCUS" and "PATIENT CORE PROGRESS RECORD (Data/Action/Response/Plan)".

[para 4] The severed information consists of a single entry that falls on two consecutive pages of the hospital records. The information that CHR disclosed to the Applicant includes the signature, the profession and the professional designations of the health services provider who made the entry at issue. In this Order, I will refer to the above-described information in the severed records/information as the "Record at Issue".

III. INQUIRY ISSUE

[para 5] The issue before me at the Inquiry is:

Did CHR properly apply section 11(1)(b) of HIA (disclosure leading to identification of person who provided health information) to the records/information?

IV. DISCUSSION OF ISSUE

ISSUE: Did CHR properly apply section 11(1)(b) of HIA (disclosure leading to identification of person who provided health information) to the records/information?

A. General

[para 6] Section 11(1)(b) of HIA reads:

> 11(1) A custodian may refuse to disclose health information to an applicant
> …
>
> (b) if the disclosure could reasonably lead to the identification of a person who provided health information to the custodian explicitly or implicitly in confidence and in circumstances in which it was appropriate that the name of the person who provided the information be kept confidential.

[para 7] Under HIA an individual has a right of access to any record containing health information about the individual (section 7(1)), but the right of access does not extend to information to which a custodian is authorized or required to refuse access under section 11 (section 7(2)). Section 11(1) of HIA contains discretionary or "may" exceptions that allow a custodian to either decide to give access or alternatively to decide not to give access to health information.

[para 8] When a custodian refuses to give an applicant access to all or part of a record under HIA, the custodian has the onus to prove that the applicant has no right of access to the record or part of the record (section 79). In other words, a custodian has the burden of proof to show why the information should not be released. As CHR refused to give the Applicant access to the information, I find that CHR has the burden of proof to show why the Applicant should not have access to the Record at Issue.

B. Argument and Evidence

[para 9] In his initial written submission, the Applicant does not dispute that section 11(1)(b) of HIA applies. The Applicant merely says that CHR should give him the information that it has withheld in the Record at Issue. CHR disagrees with the Applicant and argues that it has properly applied section 11(1)(b) of HIA, which allows it to refuse to give the Applicant the information in the Record at Issue.

[para 10] In its initial written submission, CHR states:

> The CHR submits that a review of the severed records clearly shows that the disclosure of the severed records would identify the individual that provided the health information.
>
> The CHR submits that the information was provided in confidence and that, in the circumstances, the name of the other individual should be kept confidential.

[para 11] Also in its written submission, CHR says:

> [T]he disclosure of severed health information to the Applicant would clearly lead to the identification of another individual, [description of another individual];
>
> The [description of another individual] provided the severed health information in confidence to the CHR; and
>
> The circumstances must be such that the identity of [description of another individual] should be kept confidential.

[para 12] In support of its position, CHR argues that Order H2002-001 applies in the circumstances of this case. Also in support of its position, CHR provided some information from the hospital records previously given to the Applicant. An excerpt from that information states:

> [First name of Applicant] has shown that he can become quickly agitated & aggressive in behavior after being told he will need to stay here until his appeal date. Also, he refuses us to talk with his wife and his family doctor. This does make us fairly suspicious and good reason to keep him in the unit. Paranoid delusional with psychomotor agitation; does have auditory hallucinations. Need to keep [first name of Applicant] in unit as explained above.

[para 13] In its submission, CHR says it "properly exercised its discretion to sever the records pursuant to Section 11(1)(b) of HIA" when refusing to disclose to the Applicant the information in the Record at Issue. CHR says it gave the Applicant most of the information in his hospital records except for a small amount of information that HIA says it can refuse to disclose.

C. Application

[para 14] In order for me to find that CHR properly applied section 11(1)(b) of HIA to the information in the Record at Issue, CHR must show that it has met the following requirements:

> There must be health information, and
>
> Disclosure of the health information could reasonably lead to the identification of a person who:

> Provided the health information to the custodian explicitly or implicitly in confidence, and
>
> In circumstances in which it was appropriate that the name of the person who provided the information be kept confidential (emphasis added).

[para 15] In addition, CHR must show that it properly exercised its discretion when refusing to give access. If I find that CHR meets all of these requirements, this means that CHR is allowed to refuse to give the Applicant access to the information in the Record at Issue under section 11(1)(b) of HIA.

Health Information

[para 16] There are three general types of information in the Record at Issue:

1. The name of another person,
2. A description of the relationship of the person to the Applicant, and
3. Information about the mental health and the health services provided to the Applicant.

[para 17] In its written submission, CHR refers to the information in the Record at Issue as "health information" under HIA. CHR responded to the Applicant under HIA, inferring that in its view the information in the Record at Issue is health information. Similarly, the Applicant mentions "health information" and refers to HIA in his initial written submission. The Applicant does not dispute that the information in the Record at Issue is health information.

[para 18] "Health information" under HIA includes "diagnostic, treatment and care information" (section 1(1)(k)). "Diagnostic, treatment and care information" is information about the physical and mental health of an individual, a health service provided to an individual, and includes any other information about an individual that is collected when a health service is provided to the individual (HIA section 1(1)(i)).

[para 19] A "health service" is a service that is at least partially paid for by the Department and that is provided to an individual for certain purposes (HIA section 1(1)(m)). Those purposes include protecting or promoting or maintaining physical and mental health, preventing illness, diagnosing and treating illness, rehabilitation and caring for the health needs of the ill, disabled or injured (HIA section 1(1)(m)).

[para 20] I am satisfied that all of the information in the Record at Issue is information about the mental health of an individual or a health service that was provided to an individual or any other information that was collected when a health service was provided to the individual. For the above reasons, I find that all of the information consists of "diagnostic, treatment and care information" under section 1(1)(i) and consequently, that all of the information in the Record at Issue is "health information" under section 1(1)(k) of HIA.

Disclosure that Could Reasonably Lead to Identification of Person Who Provided Health Information

[para 21] Section 11(1)(b) of HIA requires that the disclosure of health information could reasonably lead to the identification of another individual. The other individual must have provided the information explicitly or implicitly in confidence to a custodian. Additionally, the other individual must have provided the information in circumstances where it is appropriate for that individual's name to be kept confidential.

[para 22] *Name of Person* - The first type of information in the Record at Issue contains the name of the person who provided the health information to CHR. Disclosure of this information would explicitly identify the person by name that provided the information. Therefore, I find that disclosure to the Applicant of this information could reasonably lead to the identification of a person who provided health information under section 11(1)(b) of HIA.

[para 23] *Relationship of Person* - The second type of information in the Record at Issue is a general description of the relationship between the Applicant and the other person. Disclosure of this information would reveal the identity of the person who provided the information. Therefore, I find that disclosure to the Applicant of this information could reasonably lead to the identification of a person who provided health information under section 11(1)(b) of HIA.

[para 24] *Nature of Information* - The third type of information in the Record at Issue pertains to the Applicant's mental health and to health services provided to the Applicant. This information contains details that a limited number of persons would know. This information about the Applicant is intertwined with information about other individuals. I find that disclosure to the Applicant of this information could reasonably lead to the identification of a person who provided health information under section 11(1)(b) of HIA.

[para 25] Therefore, disclosure of any of the information in the Record at Issue to the Applicant could reasonably lead to identification of the person who provided the information. For the above reasons, I find that disclosing any of the information in the Record at Issue could reasonably lead to the identification of a person who provided health information under section 11(1)(b) of HIA.

Health Information Provided Explicitly or Implicitly in Confidence

[para 26] There is no evidence before me that the person provided the information explicitly in confidence. Therefore, I must decide whether the information was provided "implicitly" in confidence. Section 11(1)(b) of HIA has not been previously interpreted as to when health information is provided "implicitly" in confidence. In order to determine whether CHR properly applied section 11(1)(b) of HIA when refusing to give the Applicant access to the information in the Record at Issue, I must interpret what is meant by "implicitly" in confidence.

Approach to Interpretation

[para 27] The "modern principle" has been consistently adopted by the Supreme Court of Canada as the preferred approach to the interpretation of legislation (see, for example, *Canada 3000 Inc., Re; Inter-Canadian (1991) Inc. (Trustee of),* 2006 SCC 24 (CanLII) (SCC), June 9, 2006, para 36; *H. J. Heinz Co. of Canada Ltd. v. Canada (Attorney General),* [2006] 1 S.C.R. 441, 2006 SCC 13 (CanLII) (SCC), April 21, 2006; appeal from Alberta in *ATCO Gas & Pipelines Ltd. v. Alberta (Energy & Utilities Board*), 2006 SCC 4 (CanLII)) (SCC), February 9, 2006, para 37.

[para 28] The "modern principle" says I must read the words in an enactment "in their entire context and in their grammatical and ordinary sense harmoniously with the scheme of the Act, the object of the Act, and the intention of Parliament" (Ruth Sullivan, *Sullivan and Driedger on the Construction of Statutes*, 4th ed., Markham Ontario: Butterworths, 2002, p. 1). The *ATCO Gas* case says the "context that colours the words" is to be examined in statutory interpretation (para 49).

[para 29] The "modern principle" is to be applied in conjunction with the *Interpretation Act*, R.S.A. 2000, c. I-8 ("*Interpretation Act*"), which says "[a]n enactment shall be construed as being remedial, and shall be given the fair large and liberal construction and interpretation that best ensures the attainment of its objects" (section 10). The "modern principle" has been canvassed in previous Orders issued by this Office (for example, Orders F2005-017 & H2005-001 (paras 25-26) and F2004-005 & H2004-001 (paras 46-52), so there is no need to repeat those discussions here.

Grammatical and Ordinary Sense

[para 30] I must read the words in HIA in their grammatical and ordinary sense. The key word in section 11(1)(b) of HIA that requires interpretation is "implicitly" in confidence. Dictionary definitions that pertain to the meaning of "implicitly" are:

> Implicit - Implied though not plainly expressed (*adjective*); implicitly (*adverb*); Imply – Strongly suggest the truth or existence of (a thing not expressly asserted), involve as a necessary consequence, insinuate, hint (*what are you implying?)* (*transitive verb*); implied (*adjective*), impliedly (*adverb*) (Katherine Barber, Ed., *Canadian Oxford Dictionary,* 2nd ed., Oxford: University Press, 2004, p. 762).

> Implied – Not directly expressed, recognized by law as existing inferentially *(implied agreement) (adjective) (*Bryan Garner, Ed., *Black's Law Dictionary*, 8th ed., St. Paul: Thomson West, 2004, p. 770).

Scheme and Object

[para 31] I must interpret the words in HIA in harmony with the legislative scheme and the object of the Act. HIA gives individuals a general right of access to their own health information. However, the right of access is not absolute and is subject to any

exceptions to access that are set out in the Act (section 2(d)). Part 2 of HIA provides a comprehensive framework for balancing competing interests that include the interest of an individual in obtaining access to their own health information as well as the interest of another individual in the protection of their privacy.

Intention of the Legislature

[para 32] I must interpret the words in HIA in harmony with the intention of the Legislature. I have no direct evidence before me as to the intention of the Legislature for when health information is provided "implicitly" in confidence. However, the guidelines published by the ministry responsible for HIA say:

> DISCLOSURE LEADING TO IDENTIFICATION OF A CONFIDENTIAL SOURCE OF HEALTH INFORMATION
>
> Under section 11(1)(b) a custodian may refuse to disclose health information (e.g., registration information) that could reasonably lead to the identification of a person who provided health information to the custodian explicitly or implicitly in confidence. To fit within the exception, the person who provided the health information must also have done so in circumstances where it would be appropriate that the name of the person be kept confidential.
>
> The exception does not require a custodian to demonstrate that harm could come to the source but must make a determination, based on the relevant circumstances, that it is appropriate to protect the identity of the source. … A "confidential source" is someone who supplies health information, as defined in the Act, to a custodian on the assurance that his or her identity will remain secret. …
>
> "Implicitly" means that both parties understand the confidentiality even though there may be no actual statement, written agreement or other physical evidence of the understanding. All relevant facts and circumstances need to be examined to determine whether there is an understanding of confidentiality (Alberta Health and Wellness, *Health Information Act: Guidelines and Practices Manual – Alberta's Health Information Act*, Alberta Health and Wellness, 2001, p. 67).

Entire Context

[para 33] I must read the words in section 11(1)(b) in their entire context and consider the evolving legal norms. The Commissioner previously interpreted section 11(1)(b) of HIA in Order H2002-001 in the context of information that was provided for involuntary committals at Alberta Hospital Edmonton. The information that was found to fall under section 11(1)(b) of HIA pertained to individuals who were "described by name or referred to by relationship or by specific information that could reasonably lead to their identification" (Order H2002-001, para 51).

[para 34] The *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25 ("FOIP") has an exception to access that applies to information that is supplied explicitly

or "implicitly" in confidence (section 16(1)(b)). Order 99-018 says that "'implicit' denotes a particular state of understanding: a belief in a certain set of facts" (para 35).

[para 35] Orders under FOIP say "implicitly" in confidence means confidentiality is understood even though there is no actual statement of confidentiality, agreement or other physical evidence of the understanding that information is to be kept confidential and that all relevant facts and circumstances need to be examined in order to determine whether there is an implicit understanding of confidentiality (see, for example, Orders 99-018, para 36; 2000-010, para 14; 2000-014, para 34; 2001-021, para 22; 2001-026, para 36; F2002-01, para 120; F2004-006, para 24).

[para 36] When determining whether a provision applies in specific circumstances, I must consider the surroundings and the "context that colours the words". The request before me pertains to information that was provided to health services providers about a patient in a mental health setting. The hospital records state that the Applicant became "quickly agitated & aggressive in behavior" when told that he needed to stay in hospital. The information at issue might well affect health services provided and the Applicant's length of stay in hospital.

[para 37] The information in the Record at Issue was provided in circumstances where it is stated in the hospital records that the Applicant expressly objected to CHR obtaining information from other individuals. The Applicant's stated diagnosis was "paranoid delusional with psychomotor agitation" with "auditory hallucinations". CHR and the person who provided the information did not tell the Applicant about the information that person provided. Notwithstanding the Applicant's documented express objection, a person nonetheless came forward and provided health information to CHR.

[para 38] In my view, the above circumstances in which the information was provided to CHR imply that the information was provided in confidence and with an expectation of confidentiality. It was understood between CHR and the person who provided the information that CHR would not disclose the identity of the source of the information. The person provided the information to CHR on the assurance that his or her identity would remain secret. The context in which this information was provided in the mental health setting further implies that the person entrusted CHR not to disclose the source of the information.

[para 39] For all of the above reasons, I find that the person who provided the health information to CHR provided the information implicitly in confidence under section 11(1)(b) of HIA. It is not possible to provide more detailed reasons, in light of the risk of revealing the very information that is sought to be protected.

Circumstances Where Appropriate to Keep Name of Person Confidential

[para 40] There is an anomaly in the wording of section 11(1)(b) of HIA as the provision is capable of two quite different interpretations. A literal reading of the words

would result in the interpretation that this provision protects from disclosure only the *name* of a person. However, a broader reading of the words would result in the interpretation that this provision protects from disclosure any information that could lead to *identification* of a person who is a confidential source of health information.

[para 41] I must construe section 11(1)(b) of HIA as being remedial. I must give the words a "fair large and liberal" construction and interpret the words in harmony with the scheme and object of the Act and the intention of the Legislature. Under HIA, the right of access is not absolute and does not extend to prescribed exceptions to access. HIA balances the right of access for individuals against the right of protection of privacy for other individuals.

[para 42] In my view, interpreting section 11(1)(b) of HIA in a narrow fashion to only protect the name of a person who is a confidential source but not to protect other equally identifying information, would thwart the purpose of the provision. The purpose is to protect the identity of a person who is a confidential source of health information. Therefore, I am interpreting section 11(1)(b) of HIA to apply not just to a person's name but to any information that could reasonably identify a person.

[para 43] The "modern principle" says I must interpret the words of an enactment in harmony with its legislative scheme and objects. One of the purposes of HIA is to enable health information to be accessed to provide health services (section 2(b)). HIA provides a specific exception to the right of access that protects the identity of a confidential source of health information from disclosure. On occasion it is necessary for custodians to obtain health information from persons other than the individual who is receiving services, in order to provide appropriate health services. The mental health setting is no exception.

[para 44] The rationale for protecting the identity of confidential sources of health information from disclosure under HIA is similar to the reason for protecting the identity of other types of informants. The public interest in protecting the identity of informants is described in Order 96-020 (Health Facilities Review Committee informant), as follows:

> As stated in *Dudley v. Doe*, the privilege afforded to police informers has been granted in order to give protection to a category of individuals who may very well be vulnerable to reprisals from those against whom they inform. The policy reason behind the privilege is to protect this source of information since, without the privilege, the information would likely vanish and the end result would be that policing agencies would be impaired in their efforts to detect and prevent crime.
>
> The court in *Dudley v. Doe* noted that courts in England and in Canada have applied the rationale behind the police informer rule to somewhat similar situations, such as *D. v. National Society for Prevention of Cruelty to Children*. The court went on to say that in that case, the House of Lords noted that the principle source of such information is generally those who are close to the family, such as neighbours, relatives, educators or health care professionals, who maintain their relationship with the family. The House of Lords was of the view that the policy behind extending the privilege was that without an effective

> protection of confidentiality in relation to information provided, these types of individuals would be very hesitant to come forward to report abuse and neglect, and the Society's ability to learn of such cases would be drastically reduced (paras 95-96).

[para 45] Depending upon the circumstances, even a small amount of information may be sufficient to lead to identification of an individual. Order 96-020 says:

> The privilege prevents not only disclosure of the name of an informer, but also any information that might implicitly reveal identity. The Court acknowledged that the smallest details may be sufficient to reveal identity. The Court said that, in many cases, the Crown will be able to contact the informer to determine the extent of information that can be released without jeopardizing anonymity, but the informer is the only person who knows the potential danger of releasing the information to the accused (para 67).

[para 46] It is in the public interest to enable custodians to obtain relevant health information in order to provide the appropriate health services. Typically health information can be either collected directly from the individual or from others with full agreement of the individual. However, at times individuals do not wish custodians to consider the perspectives of others. Unless the identity of confidential sources is protected, vital health information may no longer be forthcoming which in turn would compromise the delivery of health services and the quality of patient care.

[para 47] Protection from disclosure of the identity of persons who are confidential sources of health information under HIA is consistent with the protection that exists for informants in a wide variety of settings. Protecting the identity of informants from disclosure is a longstanding legal principle, which goes back in the common law to 1794 in *The Trial of Thomas Hardy for Treason* (1794), 24 St. Tr. 199.

[para 48] The Supreme Court of Canada has consistently upheld the principle that the identity of informants is protected, although the scope and specific type of protection remains an issue. See, for example, *R. v. Pires: R. v. Lising*, [2005] 3 S.C.R. 343, 2005 SCC 66 (CanLII) (S.C.C); *Toronto Star Newspapers Ltd. v. Ontario*, [2005] 2 S.C.R. 188, 2005 SCC 41 (CanLII) S.C.C); *R. v. Mentuck*, [2001] 3 S.C.R. 442, 2001 SCC 76 (CanLII) (S.C.C); *Sol. Gen. Can. et al. Royal Commission (Health Records)*, [1981] 2 S.C.R. 494, 1981 CanLII 33 (S.C.C.)

[para 49] For all of the above reasons, I find that the person who provided the health information to CHR did so in circumstances where it was appropriate that the name of the person who provided the information be kept confidential under section 11(1)(b) of HIA.

Exercise of Discretion

[para 50] There is no evidence before me to suggest that CHR improperly exercised its discretion. Therefore, I find that CHR properly exercised its discretion when refusing to disclose the information in the Record at Issue to the Applicant. I also note the amount of information that CHR previously disclosed to the Applicant.

D. Conclusion

[para 51] In my view, the disclosure to the Applicant of the health information in the Record at Issue could reasonably lead to the identification of a person who provided health information to CHR implicitly in confidence and in circumstances where it was appropriate that the name of the person who provided the information be kept confidential. Furthermore, CHR properly exercised its discretion under section 11(1)(b) of HIA.

[para 52] Based upon my review of the records and the arguments provided by the parties, I accept CHR's argument and find that it discharged its burden of proof to show that it properly applied section 11(1)(b) of HIA when refusing access to the Applicant. I intend to confirm CHR's decision to refuse to give the Applicant access to the health information in the Record at Issue.

V. ORDER

[para 53] I make the following Order under section 80(2) of HIA:

- I find that CHR properly applied section 11(1)(b) of HIA (disclosure leading to identification of person who provided health information) to the health information in the Record at Issue; and

- Therefore, I confirm CHR's decision to refuse to give the Applicant access to all of the health information in the Record at Issue under section 11(1)(b) of HIA.

Noela Inions, Q. C.
Adjudicator