

# ALBERTA

## OFFICE OF THE INFORMATION AND PRIVACY COMMISSIONER

### ORDER H2008-002

September 10, 2008

### CALGARY HEALTH REGION

Case File Number H1409

Office URL: [www.oipc.ab.ca](http://www.oipc.ab.ca)

**Summary:** Under section 13(1) of the *Health Information Act*, the Applicant requested that the Calgary Health Region (the “Custodian”) correct or amend her health information regarding the general utility of a psychological test, and its administration in her particular case. The Custodian refused, and the Applicant requested a review of that decision.

For section 13(1) of the Act to apply, an applicant must show that there is an error or omission in his or her health information. Insofar as there may be controversy in the literature regarding the clinical utility of the psychological test in question, the Adjudicator found that the Applicant had failed to show an error or omission in her health information. In particular, the Custodian’s failure to note the body of medical opinion about the psychological test was not an omission under section 13(1). The Adjudicator confirmed the Custodian’s decision not to amend the Applicant’s health information in this respect.

However, the Adjudicator found that the Applicant had shown an omission in her health information regarding the way in which the psychological test was administered in her particular case. Specifically, she presented evidence that there had been some degree of procedural irregularity. As the Custodian did not show that it had properly refused to make an amendment in this respect under section 13(2) of the Act, the Adjudicator ordered it to do so.

**Statutes Cited:** **AB:** *Health Information Act*, R.S.A. 2000, c. H-5, ss. 1(1)(i)(i), 1(1)(i)(ii), 1(1)(k), 1(1)(k)(i), 1(1)(m)(i), 1(1)(o), 1(1)(o)(xii), 2(g), 11(2)(b), 13, 13(1), 13(2), 14, 14(1), 73(1), 80 and 80(3)(d); *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25, ss. 65(1) and 72(3)(d).

**Authorities Cited:** AB: Orders 97-020, 2000-021, H2004-004, H2005-006 and H2005-007.

## **I. BACKGROUND**

[para 1] In a letter dated June 30, 2006, the Applicant asked the Calgary Health Region (the “Custodian”) to add an addendum to a psychological report and hospital discharge summary relating to her. She wanted the addendum to indicate that there is considerable controversy in the psychological literature regarding the clinical utility of a particular psychological test, and that the psychologist who conducted the test failed to follow appropriate testing protocols, thereby further compromising the test’s validity and reliability. In support of the latter assertion, the Applicant stated that the College of Alberta Psychologists had upheld her complaint against the testing psychologist for unprofessional conduct with respect to administration of the test. The Applicant’s letter did not expressly say that she was making her request under the *Health Information Act* (the “Act”).

[para 2] In a letter to the Applicant dated July 24, 2006, the Custodian took the position that the Applicant’s request did not fit clearly within the Act. It advised her that it would informally place a copy of her June 30, 2006 letter on her chart, severed of the reference to the complaint against the psychologist, as the Custodian believed that this information was not appropriately kept in a patient record.

[para 3] By letter dated July 28, 2006, the Applicant asked this Office to review the Custodian’s response of July 24, 2006. She disagreed with the Custodian’s view that her request was outside the scope of the Act, and disputed its decision to place only a partial copy of her letter on the file.

[para 4] On August 21, 2006 (although the letter is erroneously dated August 28), the Applicant again wrote to the Custodian, repeating her request that the full addendum be added to her health records, providing further reasons and information, and specifically citing the Act. By letter dated August 28, 2006, the Custodian indicated that it was now in a position to respond to the request under the Act, and would do so shortly.

[para 5] The Applicant again wrote to the Custodian, by letters dated September 1 and 22, 2006, asking for a formal response under the Act to her request for the addendum. In a letter dated September 27, 2006, the Custodian advised the Applicant that her request for an addendum was refused, on the basis that she had not identified an error or omission in her health information, as required by section 13(1) of the Act.

[para 6] By letter dated October 3, 2006, the Applicant asked this Office to review the Custodian’s September 27, 2006 refusal to add the addendum, and its initial failure to respond to her correction/amendment request formally under the Act. Mediation was authorized but was not successful. By letter to this Office dated January 10, 2007, the Applicant requested that the matter proceed to an inquiry, and a written inquiry was set down.

## **II. RECORDS AT ISSUE**

[para 7] As this inquiry involves a request to correct or amend health information, rather than a request to access health information, there are no records directly at issue. For context, however, the Applicant requests that an addendum be attached to a particular psychological report, and to a hospital discharge summary that refers to the results of the psychological test performed on her.

[para 8] The Applicant submitted copies of her health records *in camera*. I was able to locate

the hospital discharge summary, which is dated November 19, 1999. The psychological test, results and report are referenced at the bottom of the first page.

[para 9] In her letter of June 30, 2006 to the Custodian, the Applicant indicated that the psychological report itself is dated October 25, 1999. I was not able to locate the report among the records provided by the Applicant, so arranged for this Office to ask her to submit a copy of the psychological report, or point out its location in the records already submitted. The Applicant did not provide a copy of the report, and the conversation did not assist in locating the report in the records already provided.

### III. ISSUE

[para 10] As set out in the Notice of Inquiry dated November 2, 2007, the only issue in this inquiry is whether the Custodian properly refused to correct or amend the Applicant's health information under section 13(2) of the Act.

[para 11] In her letters to this Office dated July 28 and October 3, 2006, the Applicant expressed concerns regarding the Custodian's initial failure to respond to her formally under the Act. She again raises this issue in her submissions in this inquiry. I do not intend to address it in detail, for two reasons. First, the Custodian eventually responded to the Applicant's correction/amendment request under the Act. Second, I find that the Applicant's initial letter of June 30, 2006 was somewhat unclear as to whether she was making a correction/amendment request within the meaning of section 13 of the Act. She did not refer to the Act (although I make no comment as to whether that is strictly necessary), and she requested an "addendum" as opposed to a correction or amendment. I will therefore not fault the Custodian for believing that the Applicant was not making a correction/amendment request under the Act in her initial letter. Once there was clarification, the Custodian responded formally under the Act in its letter of September 27, 2006.

[para 12] In her request for review by this Office, dated October 3, 2006, the Applicant also asked for an undeleted copy of an "ethics consult" to be added to her hospital records. I do not intend to address this, as it did not form part of her initial correction/amendment request to the Custodian.

[para 13] The Applicant has raised numerous other issues and arguments in her initial and rebuttal submissions. I will address some of them indirectly, to the extent that they are relevant to her correction/amendment request under section 13 of the Act. However, I will not address issues or arguments that are unrelated to the Applicant's correction/amendment request (such as those relating to the disclosure of certain information and the Custodian's general duty to assist applicants), or matters over which I have no jurisdiction (such as those relating to informed consent). I will also not address, in any detail, points relating to statements of disagreement under section 14 of the Act. Section 14(1) gives an applicant a choice between requesting a review by this Office of a custodian's decision not to correct or amend health information, and submitting a statement of disagreement to the custodian, but an applicant may not do both. Here, the Applicant opted for a review.

### IV. DISCUSSION OF ISSUE

[para 14] The provisions of section 13 that are relevant to this inquiry are as follows:

*13(1) An individual who believes there is an error or omission in the individual's health information may in writing request the custodian that has the information in its custody or under its control to correct or amend the information.*

*(2) Within 30 days after receiving a request under subsection (1) or within any extended period under section 15, the custodian must decide whether it will make or refuse to make the correction or amendment.*

...

[para 15] Section 13(1) of the Act gives an applicant the right to request that his or her health information be corrected or amended when there is an error or omission in it. Under section 13(2), the custodian of the health information must decide whether it will make or refuse to make the correction or amendment.

[para 16] For section 13(1) to apply, two requirements must be met: (1) there must be health information about the applicant, and (2) there must be an error or omission in the applicant's health information (Order H2004-004 at para. 8). As an applicant is usually in the best position to show that there is health information about him or her, and that there is an error or omission in it, the applicant has the burden of proving that these two requirements are met (Order H2004-004 at para. 12). "Health information" is defined in section 1(1)(k) of the Act. An error is "a mistake, or something wrong or incorrect"; an omission means that "something is missing, left out or overlooked" (Order H2004-004 at para. 10).

[para 17] If an applicant establishes that section 13(1) of the Act applies, the custodian must then justify its decision under section 13(2) to refuse to make a correction or amendment, and show that it properly exercised its discretion when refusing to correct or amend the applicant's health information (Order H2005-006 at para. 42).

### **1. Is there health information about the Applicant?**

[para 18] Under section 1(1)(k)(i) of the Act, "health information" means, among other things, "diagnostic, treatment and care information." Under sections 1(1)(i)(i) and (ii), "diagnostic, treatment and care information" means, among other things, information about the "mental health of an individual" and information about a "health service" provided to an individual. Under section 1(1)(m)(i), "health service" means, among other things, a funded or partially funded service that is provided to an individual for the purpose of protecting, promoting or maintaining physical and mental health, or diagnosing and treating illness.

[para 19] The Applicant submits that, through her request to the Custodian, she was asking for "an amendment to a diagnostic test." The Custodian does not dispute that it holds health information about the Applicant. Nonetheless, I must determine whether the Applicant specifically requested a correction or amendment in respect of her health information.

[para 20] I find that there is health information about the Applicant, to which her correction/amendment request was directed. She wanted to correct or amend information relating to a psychological test, which falls within the meaning of a "health service" provided to an individual, as the test was for the purpose of protecting, promoting or maintaining mental health and/or diagnosing and treating (mental) illness. Further, the results of the test, which are indicated in the Applicant's discharge summary, constitute information about the mental health of an individual. Accordingly, there is "diagnostic, treatment and care information," which in turn constitutes "health information."

[para 21] I conclude that the first requirement, in order for section 13(1) of the Act to apply, is met in this inquiry.

## 2. Is there an error or omission in the Applicant's health information?

[para 22] While it acknowledges that it has health information about the Applicant, the Custodian argues that the Applicant has not shown that there is an error or omission in it. It submits that the Applicant has not pointed to any particular error or omission, and has simply asked for an addendum to be added to her health information. The Custodian takes the position that section 13(1) of the Act does not contemplate an "addendum".

[para 23] The fact that the Applicant asked for an addendum does not mean that section 13(1) of the Act does not apply. By wanting something to be added, the Applicant was implying that something was missing. In other words, I construe her request as possibly pointing to an omission in her health information. To add an addendum to health information would be to amend that information within the meaning of section 13 of the Act.

[para 24] For the purpose of discussion, I will separate the Applicant's correction/amendment request into its two parts, as set out in her letter of June 30, 2006 to the Custodian and repeated (though slightly reworded) in her follow-up letter sent in August 2006. The first request was for her health records to indicate that there is controversy in the psychological literature regarding the clinical utility of the psychological test in question, and that it may have intrinsically limited validity and reliability. The second request was for her health records to indicate that the psychologist who conducted the test failed to follow appropriate testing protocols, thereby further compromising the test's validity and reliability.

### *a) The clinical utility of the psychological test generally*

[para 25] As explained above, the Applicant's request for an addendum was to rectify a possible omission in her health information. In saying that there is controversy regarding the utility of the psychological test, and that it may have intrinsically limited validity and reliability, the Applicant also suggests that the results of the test are unreliable. To the extent that she is saying that the results are actually wrong, she may also be pointing to an error in her health information.

[para 26] The possibility that the results of the psychological test might be invalid or unreliable does not establish that they are, in fact, erroneous. In her submissions, the Applicant does not state that she believes that the results are actually wrong, and she neither suggests nor establishes what the correct test results are, or should be. The fact that a diagnostic tool is controversial does not necessarily mean that there is an error in its results. For section 13(1) of the Act to apply, the Applicant must show that there is, in fact, an error in her diagnostic information.

[para 27] The Applicant points to controversy in the psychological literature regarding the clinical utility of the psychological test in question. In support, she cited the views of certain scholars in a letter dated October 6, 2006 from herself to the Custodian. However, I do not believe that a custodian's failure to note a body of medical opinion in a patient's health record is sufficient for section 13(1) of the Act to apply.

[para 28] First, I do not believe that general medical information constitutes "health information" about an individual, unless there is a more direct connection that makes the body of medical evidence about him or her. Second, I do not believe that a failure to note a body of medical opinion constitutes an "omission" under section 13(1), as custodians cannot be expected to include a synopsis of the prevailing medical or psychological literature in every patient's health record.

Because the various and even competing views of experts are ascertainable elsewhere, there is nothing “missing, left out or overlooked” for the purpose of the particular record.

[para 29] To the extent that the Applicant simply wants the *possibility* of invalid or unreliable results to be reflected in the psychological report, this is not sufficient to engage section 13(1) of the Act. She has not shown that there is, in fact, an “error” in the results of the psychological test, and I do not find that the Custodian’s failure to note the possibility of incorrect results, due to the prevailing psychological literature, amounts to an “omission”. In short, by showing only a possibility of wrong or missing health information, an applicant does not meet his or her burden under section 13(1).

[para 30] I conclude that section 13(1) of the Act does not apply to the Applicant’s request for her health records to indicate that there is controversy in the psychological literature regarding the clinical utility of the psychological test in question, or that it may have intrinsically limited validity and reliability. As a result, the Custodian has no burden to justify its refusal to make this aspect of the requested correction/amendment. When an applicant has not discharged the burden of proof to show that there is an error or omission in health information, a custodian properly exercises its discretion when it refuses to correct or amend that information (Order H2005-007 at para. 76).

*b) The administration of the psychological test in the particular case*

[para 31] The Applicant’s view that the psychologist failed to follow proper protocols when performing the psychological test, thereby further compromising its validity and reliability, is the second basis on which she wishes to have her health information corrected or amended. For the sake of clarity, I find that the way in which a diagnostic test is administered to an individual can constitute his or her health information, as it is about a health service provided to an individual, within the meaning of section 1(1)(i)(ii) of the Act, and therefore constitutes “diagnostic, treatment and care information.”

[para 32] The Applicant submits that her health records should be corrected or amended because a patient has a legitimate expectation that diagnostic testing will be performed according to accepted protocols designed to ensure the test’s validity and reliability. She argues that where diagnostic testing is subject to error, there is potential for adverse effects on the patient if the test is given inappropriate weight in the decision-making process, particularly where the results are used repeatedly by a number of different physicians.

[para 33] In response, the Custodian again argues that the Applicant has not proven that there is an error or omission in her health information.

[para 34] The Applicant submitted documentation showing that a matter involving the psychologist who performed the psychological test on her was before the College of Alberta Psychologists. This was further to a complaint on her part, the substance of which she repeats in her letter to the Custodian dated September 1, 2006. Apart from her concerns about the general utility of the psychological test – which concerns I found above do not establish an error or omission in her health information – the Applicant had the following concerns about the administration of the test in her particular case:

- *the psychologist failed to provide informed consent. Specifically he responded to my requests for information about the psychometrics of the test in a way that was inaccurate and misleading.*
- *the psychologist failed to return to discuss test results with me as promised.*

- the psychologist failed to follow establish testing protocols. Specifically, he failed to conduct a pre or post interview in order to corroborate the validity of his findings.
- the psychologist failed to consider the clinical context under which the test was conducted.

[para 35] The Applicant also submitted a copy of a letter from the College of Alberta Psychologists to herself, dated June 6, 2006, in which the Acting Registrar of the College stated:

*The investigation into your concerns has now been completed. This is to advise that the College of Alberta Psychologists has reached a resolution to the concerns identified by means of a voluntary undertaking entered into by the psychologist.*

[para 36] The above letter from the College does not indicate which concerns of the Applicant reached a resolution, and it does not state what the undertaking was on the part of the psychologist. The Applicant indicates in her submissions that the undertaking was to undergo remedial training.

[para 37] The Applicant also submitted a copy of a letter from the College of Alberta Psychologists to herself, dated June 16, 2006, in which the Acting Registrar of the College stated:

*... I would like to clarify that your complaint against [the psychologist] has not been dismissed. Rather, I concluded that there was sufficient concern to refer the matter to a hearing before a Panel of the Discipline Committee. This was communicated to [the psychologist] and discussions ensued as to how the concerns of the College could be addressed through an Undertaking, rather than through a hearing before the Discipline Committee.*

*As I indicated in my letter of June 6, 2006, an agreement has been reached between the College and [the psychologist] that satisfactorily addresses the concerns of the College raised by your complaint. The agreement achieved the result that would have been sought through a discipline hearing.*

[para 38] Despite a lack of detail in the June 6 and 16, 2006 letters from the College of Alberta Psychologists, I find that the Applicant has established that all or part of her concerns about the administration of the psychological test, in her particular case, were accepted by the College. If some or all of them had not been accepted, the College would not have concluded that a disciplinary hearing was warranted, and there would not have been a resolution by means of an undertaking on the part of the psychologist. I add that it is not necessary for the Applicant's concerns to have been substantiated by a panel following a hearing. The Acting Registrar's preliminary conclusions – as well as the voluntary undertaking by the psychologist, which I interpret to be an acknowledgement of some form of impropriety – are sufficient to prove that there was, as a matter of fact, some degree of procedural irregularity in the administration of the psychological test.

[para 39] Because I find that the Applicant has proven some degree of procedural irregularity in the administration of her psychological test, I also find that she has proven an omission in her health information under section 13(1) of the Act. The information that “is missing, left out or overlooked” is important information by which a reader of the results of the psychological test would know that its administration, in the Applicant's particular case, was in some way or ways problematic. As I stated earlier in this Order, information about the way in which a diagnostic test is administered to an individual can constitute his or her health information under the Act. Further, the Applicant has shown – by way of letters from the College of Alberta Psychologists – that the psychological test was, in fact, administered improperly in her particular case.

[para 40] I recognize that the Applicant has not established the extent to which the psychologist improperly conducted the psychological test, or which one or ones of her specific concerns were found by the College of Alberta Psychologists to be substantiated enough to warrant a proposed disciplinary hearing, and a voluntary undertaking on the part of the testing psychologist. This information is apparently unknown to the Applicant – precisely because the College has not advised her of it.

[para 41] I do not need to know greater details of the findings of the College of Alberta Psychologists in order to conclude that there is an omission in the Applicant's health information. The Applicant has proven to me that there was some degree of procedural irregularity in the administration of the psychological test in her particular case, which information – albeit general – has not been reflected in the hospital discharge summary dated November 19, 1999, which discusses the psychological test, results and report. This is sufficient to engage the application of section 13(1) of the Act, and the possibility of an amendment under section 13(2).

[para 42] The Custodian has not disputed that there exists a psychological report, apparently dated October 25, 1999, and has not argued that the report already contains the information that the Applicant wishes to have added. It is therefore likely that, in addition to the hospital discharge summary, the psychological report also failed to indicate that there was some degree of procedural irregularity in the administration of the psychological test. However, I am unable to conclusively find this to be the case. As indicated earlier in this Order, I was unable to locate a copy of the psychological report itself, and the Applicant did not provide or point to a copy of it when asked. As she has not met the burden of proving that there is an omission in her health information in that particular record, I do not find one. The Applicant has only established an omission in her hospital discharge summary.

### **3. Did the Custodian properly refuse to make the amendment?**

[para 43] As the Applicant has established that section 13(1) of the Act applies to an omission, in the hospital discharge summary, regarding the administration of the psychological test in her particular case, the Custodian has the burden, under section 13(2), of justifying its decision to refuse to make an amendment in this regard, and to show that it properly exercised its discretion when refusing to do so (Order H2005-006 at para. 42). Because the Applicant has not proven an omission in her health information in the psychological report itself, the Custodian has no burden with respect to correcting or amending that record.

[para 44] For the sake of clarity, I find that the Custodian indeed made a decision under section 13(2) of the Act. Its letter of September 27, 2006 to the Applicant stated: "Your request has been refused as it does not identify an error or omission in your health information as is required under section 13(1) of the Act." The letter also told the Applicant that she may elect between asking for a review of the Custodian's decision by the Commissioner, and submitting a statement of disagreement to the Custodian – as is required under section 14(1) of the Act "where a custodian refuses to make a correction or amendment under section 13". In complying with section 14(1), the Custodian was indicating that it had made a decision under section 13(2).

[para 45] Further, I find that the Custodian exercised its discretion under section 13(2) of the Act when it refused to make the requested correction/amendment. It based its discretion not to make the correction/amendment on its view that the Applicant had not sufficiently identified an error or omission in her health information.

[para 46] The Custodian has neither justified its decision to refuse to make the requested



amendment nor shown that it properly exercised its discretion when refusing to do so. Its submissions in this inquiry were to the effect that the Applicant had not made a correction/amendment request within the meaning of section 13(1) of the Act, and/or that she had not proven an error or omission in her health information. The Custodian made no alternative submissions as to why it might have properly refused to make the requested correction/amendment, in the event that I found that section 13(1) did apply. In its rebuttal submissions, the Custodian expressly states that it does not intend to address “[w]hat considerations a custodian must undertake in deciding whether to correct or amend health information” or “[w]hat constitutes proper use of discretion by a custodian in its decision to amend or correct health information.”

[para 47] The second part of the Applicant’s amendment request was for her health records to indicate that the psychologist who conducted the test failed to follow appropriate testing protocols, thereby further compromising the test’s validity and reliability. I found that section 13(1) of the Act applies to this part of her request, insofar as it relates to an omission in her health information in the hospital discharge summary. As the Custodian has failed to show that it properly refused to make an amendment regarding the administration of the psychological test in the Applicant’s particular case, I intend to order it to make an amendment to the hospital discharge summary.

[para 48] I point out that I am not required to return the matter back to the Custodian for consideration. Sections 2(g) and 73(1) of the Act contemplate an independent review of a decision of a custodian following an applicant’s request for a correction or amendment of health information, and section 80(3)(d) grants me the authority to specify how health information is to be corrected or amended. Under the comparable provisions of the *Freedom of Information and Protection of Privacy Act*, I may substitute my own decision when I find that a public body has improperly exercised its discretion following a correction/amendment request (Order 97-020 at paras. 112 to 114, discussing what are now sections 65(1) and 72(3)(d) of the *FOIP Act*). In this inquiry, I construe the Custodian’s failure to properly consider the Applicant’s correction/amendment request – because it incorrectly believed that she had not satisfied the requirements of section 13(1) – to be a decision based on an erroneous view of the law, which can amount to an improper exercise of discretion (Order 2000-021 at para. 51).

[para 49] At the same time, in specifying how health information is to be amended under section 80(3)(d) of the Act, I am limited to rectifying the omission that I found actually to have been proven by the Applicant. I have borne in mind the extent of the findings of the College of Alberta Psychologists that were before me in this inquiry, and my specification in the next section of this Order therefore deviates from the wording proposed by the Applicant in her correction/amendment request to the Custodian. All that the Applicant has established is that there was some degree of procedural irregularity in the administration of her psychological test.

[para 50] In its initial response to the Applicant, the Custodian took the position that any reference to the complaint against the psychologist is not appropriately kept in a patient record. I therefore considered whether a correction or amendment of the Applicant’s health information was precluded in this inquiry due to section 11(2)(b) of the Act. Section 11(2)(b) states that a custodian must refuse to disclose health information to an applicant if the health information contains, among other things, “results of an investigation, a discipline proceeding, a practice review or an inspection relating to a health services provider”. However, section 11(2)(b) governs an access request, not a correction/amendment request. In any event, even if the Applicant’s proof in this inquiry was in the context of an investigation, discipline proceeding, practice review or inspection by the College of Alberta Psychologists, relating to the psychologist as a health services provider, I do not refer to those events, or to the psychologist, in the amendment that I order below.

[para 51] One of the reasons why the Applicant wishes to amend her health records is to ensure that other persons providing her with health services have all of the relevant information and rely on the results of the psychological test to the appropriate extent. Regarding future disclosure of the information in the amendment, I note that the Act permits the disclosure of health services provider information only under certain circumstances. However, I do not construe the amendment that I order below to be “health services provider information” as defined under section 1(1)(o) of the Act, including section 1(1)(o)(xii) (decisions of a health professional body). As pointed out, the amendment is very general and discloses nothing about the psychologist, or the matter before the College of Alberta Psychologists.

## **V. ORDER**

[para 52] I make this Order under section 80 of the Act.

[para 53] I find that section 13(1) of the Act does not apply to the Applicant’s request for her health records to indicate that there is controversy in the psychological literature regarding the clinical utility of the psychological test that was performed on her, or that the test may have intrinsically limited validity and reliability. Under section 80(3)(d), I confirm the Custodian’s decision not to correct or amend the Applicant’s health information in this regard.

[para 54] I find that section 13(1) of the Act applies to the part of the Applicant’s amendment request relating to the administration of the psychological test in her particular case, and that the Custodian did not show that it properly refused to make this aspect of the requested amendment to the hospital discharge summary referring to the psychological test. Under section 80(3)(d), I order the Custodian to amend the Applicant’s hospital discharge summary dated November 19, 1999. I specify that the Custodian add information indicating, at a minimum, that there was some degree of procedural irregularity in the administration of the psychological test. If the Custodian wishes to provide context as to the nature and extent of the procedural irregularity, and has the knowledge to do so, it may choose to include that information in the amendment.

[para 55] I further order the Custodian to notify me, in writing and within 50 days of receiving a copy of this Order, that it has complied with the Order.

Wade Riordan Raaflaub  
Adjudicator