ALBERTA

OFFICE OF THE INFORMATION AND PRIVACY COMMISSIONER

ORDER H2010-001

July 26, 2010

ALBERTA HEALTH SERVICES

Case File Number H2540

Office URL: www.oipc.ab.ca

Summary: The Complainant made a complaint that his health information was disclosed by a doctor to the RCMP and to his father, in contravention of the *Health Information Act* ("the Act). The Doctor had performed an assessment of the Complainant's mental state at the request of the RCMP. The Custodian also raised the issue that the Office of the Information and Privacy Commissioner ("this office") had not complied with section 77(6) of the Act and had lost jurisdiction as a result.

The Adjudicator found that she had no authority to review the Commissioner's decision to extend the timelines for investigation and inquiry under section 77(6) of the Act, and that the Custodian was out of time to make a judicial review application on that issue.

The Adjudicator found that the Doctor properly disclosed information to the RCMP on the date of the assessment, pursuant to section 35(1)(b) of the Act.

As well, the Adjudicator found that the Doctor's disclosure of minimal information to the Complainant's father was permitted by section 35(1)(c) of the Act.

Finally the Adjudicator found that the Doctor's disclosure of information to the RCMP the day following the assessment was permitted by section 35(1)(m) of the Act.

Statutes Cited: AB: *Alberta Rules of Court* A.R. 39/1968 s. 753.11(1); *Health Information Act* R.S.A. 2000, c. H-5 ss. 1(1)(i), 35(1)(b), 35(1)(c), 35(1)(m), 44, 77(6),

and 80; *Mental Health Act* R.S.A. 2000, c. M-13 ss. 10, and 12; *Mental Health Regulation* A.R. 19/2004 s. 1(1); *Personal Information Protection Act* R.S.A. 2000 c. P-6.5 s. 50(5).

Cases Cited: *The Alberta Teachers' Association v. Alberta (Information and Privacy Commissioner)* 2010 ABCA 26, leave to appeal to S.C.C. granted (by leave)(33620).

I. BACKGROUND

[para 1] On January 13, 2009, the Complainant was brought to the emergency room of the Slave Lake Hospital ("the Hospital") by members of the RCMP for an assessment ("the assessment"). The RCMP officers stated that the Complainant had sent a fax to them in which he made comments about hurting himself.

[para 2] The Complainant was examined by a doctor working in the emergency room of the Hospital ("the Doctor"). According to the Ambulatory Client Care Record ("emergency record"), dated January 13, 2009, on arrival to the Hospital, the Complainant stated that he had been arrested but was not sure why. He had been seen by a psychiatrist in a nearby city two days prior for depression and thoughts of harming himself. The Complainant was feeling better but, according to the nursing notes on the emergency record, he seemed anxious.

[para 3] The Doctor's notes on the emergency record, state that the Complainant was brought in by the RCMP and was suffering from stress, low grade depression and "transient suicide". The notes say the Complainant appeared alert, talkative and reasonable. The Doctor recorded his opinion that the Complainant was in no obvious psychotic state and was released with a diagnosis of stress and depression. The Doctor appears to have noted that the Complainant was low risk, though this is not entirely clear as the Doctor's handwriting is difficult to read. As well, according to the Complainant, the Doctor contacted the Complainant's father during the assessment and told him that the Complainant was brought in to the Hospital by the RCMP.

[para 4] In a letter dated October 9, 2009 from the Doctor to the College of Physicians & Surgeons of Alberta, the Doctor states that, during the assessment, he asked the Complainant if there were weapons at the residence that the Complainant shared with his father and the Complainant confirmed that there were. The day following the assessment, the Doctor contacted one of the psychiatrists that the Complainant had seen the week prior. The psychiatrist strongly agreed with the Doctor that weapons should be removed from the Complainant's residence. At that point, the Doctor contacted the RCMP and asked them to try to remove the weapons from the Complainant's residence.

[para 5] On March 12, 2009, the Complainant wrote to the Office of the Information and Privacy Commissioner and requested a review of the Doctor's actions in disclosing information to his father and to the RCMP. This request for review was received by this office on March 16, 2009.

[para 6] On March 23, 2009, the Commissioner wrote to the Complainant and Aspen Regional Health (now Alberta Health Services) ("the Custodian") and authorized an investigation into this matter. The Commissioner informed the parties that the anticipated date of completion of the investigation was June 18, 2009.

[para 7] On June 3, 2009, the Commissioner advised the parties, by letter, that additional time was required to complete the investigation and that he was extending the anticipated date of completion to September 16, 2009.

[para 8] The investigation was completed on June 15, 2009 and the Complainant requested an inquiry by letter dated June 24, 2009. On June 30, 2009, confirmation that this matter had been received by the Adjudication Unit was sent to the parties. The letter stated that should an inquiry proceed, the anticipated date of completion would be July 30, 2010.

[para 9] On March 1, 2010, the parties were advised, by letter from this office that an inquiry was preceding. The letter advised the parties of this office's inquiry procedures and that they were to exchange addresses for service and provide this office with those addresses. The Notice of Inquiry for this matter was sent to the parties on March 24, 2010. I received initial and rebuttal submissions from both the Custodian and the Complainant.

II. ISSUES

[para 10] The Notice of Inquiry, dated March 24, 2010 stated the following issue for this inquiry:

> Did the custodian properly apply section 35(1)(m) of the HIA to disclose individually identifying diagnostic, treatment and care information without the consent of the individual who is the subject of the information to any person if the custodian believes, on reasonable grounds, that the disclosure will avert or minimize an imminent danger to the health or safety of any person?

[para 11] In its submissions the Custodian also raises an issue as to whether this office has lost jurisdiction over this inquiry due to section 77(6) of the Act. I will deal with this as a preliminary issue.

[para 12] In his submissions, the Complainant raises several issues regarding the Doctor's having provided false information to the Court, police harassment, and several other issues that are not related to this inquiry. For the purposes of this inquiry, I will deal only with the preliminary issue noted above, and the issue in the Notice of Inquiry dated March 24, 2010.

III. DISCUSSION OF ISSUES

Has the Office of the Information and Privacy Commissioner lost jurisdiction over this inquiry?

[para 13] The Custodian argues that this office has lost jurisdiction over this matter by not complying with the mandatory provision of section 77(6) of the Act. Section 77(6) of the Act states:

> *77(6) An inquiry under this section must be completed within 90 days after the Commissioner receives the request for the review unless the Commissioner*
>
> > *(a) notifies the person who asked for the review, the custodian concerned and any other person given a copy of the request for the review that the Commissioner is extending that period, and*
> >
> > *(b) provides an anticipated date for the completion of the review.*

[para 14] In support of its position that this office has not complied with section 77(6) of the Act, the Custodian cites the Alberta Court of Appeal case of *Alberta Teachers' Association v. Alberta (Information and Privacy Commissioner)* ("ATA") (the Supreme Court of Canada has recently granted leave to appeal this decision and will hear arguments on February 16, 2011).

[para 15] In ATA, the Alberta Court of Appeal reviewed section 50(5) of the *Personal Information Protection Act* ("PIPA") which has similar wording to section 77(6) of the Act. Section 50(5) of PIPA states:

> *50(5) An inquiry into a matter that is the subject of a written request referred to in section 47 must be completed within 90 days from the day that the written request was received by the Commissioner unless the Commissioner*
>
> > *(a) notifies the person who made the written request, the organization concerned and any other person given a copy of the written request that the Commissioner is extending that period, and*
> >
> > *(b) provides an anticipated date for the completion of the review.*

[para 16] The Alberta Court of Appeal concluded:

> (1) The Commissioner has no power to extend the time after the time limit as expired. If he does extend the time within the time limit, the exercise of that discretion will be subject to judicial review. Blanket or routine extensions seem unlikely to be regarded as reasonable if they cannot also be justified in the

> specific circumstances of the case. Because the points were not argued, I need not say whether the time can be extended more than once or whether in light of the possibility of prejudice from inactivity it would be appropriate for the Court to presume prejudice after a certain period of time: see, by analogy, ***S. (D.B.) v. G. (S.R.)***, [2006] 2 S.C.R. 231, [2006] S.C.J. No. 37 (QL), 2006 SCC 37at para. 123 (see also dissent at para. 173). For example, a delay beyond double the 90 day period might be unreasonable for the case.
>
> (2) Breach of the time rules creates a presumptive consequence, namely termination of the inquiry process when the default is raised. There is no "loss of jurisdiction" involved.
>
> (3) An objection to the process should be raised at the earliest opportunity, either before the Commissioner or the adjudicator. It is not acceptable to await the outcome and then raise the objection. The Commissioner or adjudicator will have to consider whether or not the presumptive consequence should apply, and will be expected to provide reasons for the decision then made. The decision of the Commissioner or adjudicator will be subject to judicial review. As noted above, it is not necessary in the circumstances of this case to offer an opinion as to the standard of review applicable to such situations.
>
> (ATA at para 37)

[para 17] The Court in ATA specifically stated, "If [the Commissioner] does extend the time within the time limit, the exercise of that discretion will be subject to judicial review".

[para 18] As outlined above in the 'Background' section of this order, there were two extensions. The first was done within 90 days of receiving the Complainant's request for review. The extension letter, dated June 3, 2009 also gave an anticipated date of completion of the investigation, of September 16, 2009. Although the investigation was completed by September 16, 2009, the inquiry, which the Complainant later requested, was not. However, on June 30, 2009 (within the extended time set out in the letter of June 3, 2009), there was a further extension done, in writing, which was sent to both parties and which gave an anticipated date of completion of July 30, 2010.

[para 19] The Commissioner extended the timelines, in both instances, within the appropriate time limits. According to the conclusions in ATA, this exercise of the Commissioner's discretion is subject to judicial review and it is, therefore, beyond my authority to review the Commissioner's decision.

[para 20] Further, judicial review of a decision that is an order under the Act must be brought within 45 days of the decision. If the decision is not an order, the limitation for bringing a judicial review of the decision is six months under the *Alberta Rules of Court*. The Commissioner's decisions to extend the time were made over a year ago. Whether the limitation in this case is 45 days or six months, the Custodian is out of time to have those decisions judicially reviewed; therefore, I will proceed with the substantive issue in this inquiry.

Did the custodian properly apply section 35(1)(m) of the HIA?

[para 21] Section 1(1)(i) defines diagnostic, treatment and care information as follows:

> *1(1)(i) "diagnostic, treatment and care information" means information about any of the following:*
>
> > *(i) the physical and mental health of an individual;*
> >
> > *(ii) a health service provided to an individual;*
> >
> > *(iii) the donation by an individual of a body part or bodily substance, including information derived from the testing or examination of a body part or bodily substance;*
> >
> > *(iv) a drug as defined in the Pharmacy and Drug Act provided to an individual;*
> >
> > *(v) a health care aid, device, product, equipment or other item provided to an individual pursuant to a prescription or other authorization;*
> >
> > *(vi) the amount of any benefit paid or payable under the Alberta Health Care Insurance Act or any other amount paid or payable in respect of 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, but does not include information that is not written, photographed, recorded or stored in some manner in a record;*

[para 22] From my review of the submissions, I find that the information that was disclosed was about the mental health of the Complainant and other information collected when a health service (the Doctor's assessment) was being provided. With a few exceptions, the information was also written, and therefore it is diagnostic, treatment and care information as defined in section 1(1)(i) of the Act ("treatment information").

[para 23] Except in limited circumstances, treatment information must not be disclosed without the consent of the individual who is the subject of the treatment information. It is clear from the submissions that the Complainant did not consent to the disclosure of his treatment information by the Doctor.

[para 24] From my review of the submissions and evidence provided, there were three disclosures of the Complainant's treatment information:

1. A disclosure by the Doctor to the RCMP officers at the Hospital on January 13, 2009;

2. A disclosure by the Doctor to the Complainant's father on January 13, 2009;

3. A disclosure by the Doctor to the RCMP on January 14, 2009.

[para 25] As each disclosure involves its own set of issues, and therefore, may involve different sections of the Act, I will deal with each disclosure separately.

1. The disclosure by the Doctor to the RCMP officers at the Hospital on January 13, 2009:

[para 26] The only evidence that I have regarding this disclosure is from the Complainant. He states in his submissions that he has a tape recording of the Doctor talking to an RCMP officer. The Complainant transcribed part of the tape recording in his submissions. In this portion of the conversation, the Doctor told the RCMP officer that the Complainant has been assessed as a low risk to himself and others, and therefore there are no grounds to hold him. The Doctor goes on to tell the RCMP officer that the Complainant was assessed by a psychiatrist two days prior, is stressed out, a bit obsessed with a girl, and stays up nights writing complaints against the RCMP.

[para 27] I was not provided with the tape recording. Even if I were, I would have no ability to determine who was speaking on the tape. The Custodian did not comment on this evidence.

[para 28] Given that the Complainant was brought to the Hospital by the RCMP to be assessed by the Doctor, the logical conclusion is that at some point before the Complainant left the Hospital, the Doctor disclosed his opinion about the Complainant's medical state to the RCMP so that the officers could determine if the Complainant should be subject to further medical treatment, or released.

[para 29] Although I do not know exactly what was disclosed to the RCMP officers by the Doctor on January 13, 2009, I do know, from the Complainant's evidence that he was released. So, presumably, even without taking into consideration the Complainant's evidence regarding the recorded conversation between the Doctor and the RCMP officer, the Doctor did not think that the Complainant posed enough of a risk to himself or others that he required further medical treatment.

[para 30] A list of circumstances in which a custodian may disclose treatment information without consent is found at section 35 of the Act. Section 35(1)(m) of the Act states:

35(1) A custodian may disclose individually identifying diagnostic, treatment and care information without the consent of the individual who is the subject of the information

…

(m) to any person if the custodian believes, on reasonable grounds, that the disclosure will avert or minimize an imminent danger to the health or safety of any person,

[para 31] In order to use section 35(1)(m) of the Act to properly disclose treatment information without consent, two factors must be met: there must be an imminent danger to the health or safety of any person, and the custodian must have reasonable grounds to believe that disclosing the treatment information will avert or minimize the imminent danger.

[para 32] Based on the information I have, I do not think that the Complainant posed an imminent danger to himself or others on January 13, 2009. My belief is based primarily on the fact that the Complainant was assessed by the Doctor at the request of the RCMP because of a history of suicidal ideation, but was released. Presumably, if the Complainant posed an imminent danger to himself or others, he would not have been released, but would have been conveyed to a facility pursuant to the *Mental Health Act.*

[para 33] Therefore, I do not believe that the Complainant posed an imminent danger to himself or others at the time of the disclosure on January 13, 2009, and so section 35(1)(m) of the Act does not apply.

[para 34] Another possible exception is section 35(1)(b) of the Act which states:

35(1) A custodian may disclose individually identifying diagnostic, treatment and care information without the consent of the individual who is the subject of the information

…

(b) to a person who is responsible for providing continuing treatment and care to the individual,

[para 35] Section 10(6) of the *Mental Health Act* states:

10(6) While a person is being conveyed to a facility under the authority of a warrant, the warrant is sufficient authority to care for, observe, assess, detain and control the person named or identified in the warrant.

[para 36] Section 12 of the *Mental Health Act* states:

12(1) When a peace officer has reasonable and probable grounds to believe that

(a) a person is suffering from mental disorder,

(b) the person is

(i) likely to cause harm to the person or others or to suffer substantial mental or physical deterioration or serious physical impairment, or

(ii) subject to a community treatment order and is not complying with the community treatment order,

(c) the person should be examined in the interests of the person's own safety or the safety of others, and

(d) the circumstances are such that to proceed under section 10 would be dangerous, the peace officer may apprehend the person and convey the person to a facility for examination.

…

(2) While a person is being conveyed to a facility under subsection (1), the authority in that subsection is sufficient authority to care for, observe, assess, detain and control the person.

[para 37] Arguably, if the RCMP who brought the Complainant to the Hospital did so under the authority of section 10 or section 12 of the *Mental Health Act*, they were responsible for providing continuing treatment and care to the Complainant.

[para 38] Designated facilities are listed in section 1(1) of the *Mental Health Regulation* and that list does not include the Hospital. I was advised by the Custodian that in areas where the RCMP must travel a significant distance to transfer a person to a designated facility (which is the case here), it is the practice of some RCMP units to have the person assessed at the nearest health center before transferring the person to a designated facility. Sections 10(6) or 12(2) of the *Mental Health Act* seem to give the RCMP sufficient authority to do so.

[para 39] I do not have any documented evidence that the Complainant was brought in to the Hospital by the RCMP under either section 10 or section 12 of the *Mental Health Act*. Certainly the Complainant submits that he was not properly brought to the Hospital under section 10 of the *Mental Health Act*. The Custodian feels it is likely that the Complainant was brought in under section 12 of the *Mental Health Act* but has little information in this respect.

[para 40] I agree with the Custodian that it seems likely that the RCMP picked up the Complainant and brought him in to the Hospital to be assessed pursuant to section 12 of the *Mental Health Act*. Whether or not the RCMP properly used section 12 of the *Mental Health Act* to bring the Complainant in for assessment, is an issue beyond the scope of this inquiry and not a matter with which this office has any jurisdiction. Therefore, for the purposes of this inquiry, and based on the evidence before me, I find,

on a balance of probabilities, that the RCMP picked up the Complainant and brought him in for an assessment pursuant to section 12 of the *Mental Health Act*.

[para 41] Section 12(2) of the *Mental Health Act* states, "While a person is being conveyed to a facility", the RCMP officers have authority to care for the Complainant. When the disclosure on January 13, 2009 was made, the Complainant was already at the Hospital and being assessed by the Doctor, however, the Hospital was not a designated facility and so, should the Complainant have needed to be conveyed to a designated facility, the stop at the Hospital was enroute to a designated facility. He was not being conveyed to the Hospital, but he was being conveyed to a designated facility.

[para 42] It appears that the Complainant did not end up at a designated facility on January 13, 2009, but, presumably because of the Doctor's opinions, the RCMP released him instead. However, I find that at the time of the disclosure to the RCMP on January 13, 2009, the RCMP were in the process of conveying the Complainant to a facility under section 12 of the *Mental Health Act* and, therefore, section 35(1)(b) of the Act applies.

[para 43] Regarding the information which, according to the Complainant's evidence, was disclosed but not recorded, as I stated above, the Doctor's notes on the emergency room record are difficult to read. I find that there is a note that the Complainant is low risk. As the Doctor's assessment that the Complainant is low risk is recorded, this information fits under the definition of treatment information which I have found was properly disclosed under section 35(1)(b) of the Act.

[para 44] Other than the assessment of low risk, I do not see any other notes specifying what, according to the Complainant's transcription, the Doctor told the RCMP. This is not to say that the Doctor did not disclose the information that the Complainant claims he has taped, only that there does not appear to be a written record of the information disclosed. Therefore, with the exception of the diagnosis of "low risk", the information disclosed to the RCMP by the Doctor on January 13, 2009 is not treatment information. However, verbal disclosure by the Doctor to the RCMP of the information that was not recorded is permitted pursuant to section 44 of the Act, which states:

> *44 A custodian that collects information described in section 1(1)(i), (o) or (u) that is not written, photographed, recorded or stored in some manner in a record may disclose the information only for the purpose for which the information was provided to the custodian.*

[para 45] I find that the purpose of the Doctor's collection was for the assessment requested by the RCMP and that was the purpose of the disclosure. Therefore, any verbal disclosure by the Doctor to the RCMP of information that was not recorded, is permitted by section 44 of the Act.

2. The disclosure by the Doctor to the Complainant's father:

[para 46] The Complainant produced a statement written by his father detailing a telephone conversation that the Complainant's father had with the Doctor before the Complainant left the Hospital on January 13, 2009. The Complainant's father states that the Doctor told him that his son had been brought into the Hospital by the RCMP for an "assessment of suicide". The Doctor then asked how the Complainant was, and asked if there were guns in the residence. The Complainant's father replied to the latter question that there were guns in his residence, legally registered and securely locked.

[para 47] Section 35(1)(c) of the Act states:

> *35(1) A custodian may disclose individually identifying diagnostic, treatment and care information without the consent of the individual who is the subject of the information*
>
> …
>
> *(c) to family members of the individual or to another person with whom the individual is believed to have a close personal relationship, if the information is given in general terms and concerns the presence, location, condition, diagnosis, progress and prognosis of the individual on the day on which the information is disclosed and the disclosure is not contrary to the express request of the individual,*

[para 48] The disclosure by the Doctor was made to the Complainant's father, a family member. Although there is conflicting evidence about whether the Complainant was living with his father at the time, the father was aware of the Complainant's issues with the RCMP, and I believe they likely had a close personal relationship within the terms of section 35(1)(c), even if they were not living in the same residence.

[para 49] The evidence provided by the Complainant establishes that the information disclosed by the Doctor to the Complainant's father concerned the location of the Complainant and his condition.

[para 50] I have no evidence, nor do I believe that there is any, that the Complainant expressly requested that his father not be contacted by the Doctor.

[para 51] Based on the evidence, I find that the Doctor disclosed the Complainant's diagnostic, treatment and care information to the Complainant's father, but that he was authorized to do so by operation of section 35(1)(c) of the Act.

3. The disclosure by the Doctor to the RCMP on January 14, 2009:

[para 52] The Custodian provided an affidavit sworn by the Doctor. The affidavit states that the Complainant was brought to the Hospital on January 13, 2009 suffering from a, "depressive type illness and recent history of suicidal ideation." The Doctor states that he learned the following during the assessment:

i. the Complainant had threatened to drive into the opposite lane of the highway and cause a head-on collision;

ii. that the Complainant had sent a fax to the local RCMP stating that he would kill someone on the road;

iii. that the week prior to the consultation the Complainant had driven to [a city 3 hours away] at 3 a.m. in order to access psychiatric services. This led to an assessment by two psychiatrists. The Complainant was admitted to the hospital for four days.

iv. that the Complainant had not been taking his prescribed medication and had not attended further planned medical treatment.

v. that the Complainant lived with his father and there were firearms in the house.

[para 53] The affidavit goes on to state:

> In the morning of January 14, 2009 I contacted one of the Complainant's psychiatrists. After that consultation and given the facts related to me, it was my professional opinion that the Complainant may be a threat to himself and to others. I therefore informed the RCMP of the Complainant's condition and of the fact that there were firearms at his residence.

[para 54] The Complainant provided a letter to me dated October 9, 2009 which the Doctor wrote to the College of Physicians and Surgeons of Alberta after he was requested by the College to do so. In this letter he states:

> The following day as I was still quite concerned I phoned the psychiatrist [the Complainant saw the week before] who was strongly in agreement with me that the weapons should be removed from the home. At this occasion I then phoned the RCMP and asked them to see about removing the weapons.

[para 55] The Complainant takes issue with the Doctor's evidence. According to the Complainant:

i. He only briefly thought, while passing a woman that was harassing him on the highway, that he should not return to his lane of traffic and crash into an oncoming semi truck. He was not close to acting on the thought.

ii. He never sent a fax to the RCMP stating he would kill someone.

iii. He did go to a nearby city at 3 a.m. to visit his sister and decided, once there, to see a psychiatrist who suggested that he stay overnight for a rest. The next day he was diagnosed as depressed (not bipolar) and released with mild medication for depression.

iv. He did not start taking the anti-depressants immediately because he had to drive home but was taking them after that and he did not miss an appointment, as none were scheduled between the time he saw the psychiatrists and the assessment by the Doctor.

v. He did not live in the same residence as his father.

[para 56] The Complainant believes that the Doctor is lying because the Doctor did something wrong. The Complainant also mentioned that the Doctor may be lying because the Complainant made a complaint against him. I have no reason to disbelieve the evidence that the Doctor has provided. I think that the inconsistencies in the evidence provided by the Doctor and the evidence provided by the Complainant can be explained by a misunderstanding, rather than one party lying.

[para 57] However, just considering the evidence that the Complainant provided me, coupled with the evidence that the Doctor consulted with the Complainant's psychiatrist and the latter was in agreement that guns should be removed from the Complainant's residence, I am led to the conclusion that the combination of the Complainant's condition, and the presence of weapons, posed an imminent danger to the Complainant, and that removing the weapons would reduce or eliminate that imminent danger. Therefore, the Doctor's second disclosure to the RCMP about the Complainant's condition and that there were guns in the home, was done in accordance with section 35(1)(m) of the Act.

V. ORDER

[para 58] I make this Order under section 80 of the Act.

[para 59] I find that this office was not in breach of section 77(6) of the Act.

[para 60] I find that the Custodian properly disclosed verbal information to the RCMP on January 13, 2009 pursuant to section 44 of the Act, with the exception of the Complainant diagnosis of "low risk" which was properly disclosed pursuant to section 35(1)(b) of the Act.

[para 61] I find that the Custodian properly disclosed diagnostic, treatment and care information to the Complainant's father pursuant to section 35(1)(c) of the Act.

[para 62] I find that the Custodian properly disclosed diagnostic, treatment and care information to the RCMP on January 14, 2009 pursuant to section 35(1)(m) of the Act.

_____

Keri H. Ridley
Adjudicator