



Order F26-09

INTERIOR HEALTH AUTHORITY

Denise Eades
Adjudicator

February 6, 2026

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Summary: An individual (applicant) requested access to records from her visit to Cariboo Memorial Hospital's emergency department under the *Freedom of Information and Protection of Privacy Act* (FIPPA). Interior Health Authority (Interior Health) disclosed the responsive records but withheld some information under s. 22(1) (unreasonable invasion of a third party's personal privacy) of FIPPA. The adjudicator found that it would not be an unreasonable invasion of third-party personal privacy to disclose the withheld information to the applicant and ordered Interior Health to disclose it.

Statutes Considered: *Freedom of Information and Protection of Privacy Act*, [RSBC 1996] c. 165, ss. 22(1), 22(2), 22(2)(c), 22(2)(f), 22(3), 22(4), and Schedule 1 (definition of "personal information", "contact information", and "third party").

INTRODUCTION

[1] Under the *Freedom of Information and Protection of Privacy Act* (FIPPA)¹, an individual (applicant) asked Interior Health Authority (Interior Health) for access to her physician emergency room records from the Cariboo Memorial Hospital (the hospital) for two days in 2022. Interior Health disclosed the responsive records to the applicant but withheld some information from one page of the records under s. 22(1) (unreasonable invasion of a third party's personal privacy).

[2] The applicant asked the Office of the Information and Privacy Commissioner (OIPC) to review Interior Health's decision. The OIPC's mediation process did not resolve the issue in dispute, and the matter proceeded to inquiry.

¹ From this point forward, unless otherwise specified, whenever I refer to section numbers, I am referring to sections of FIPPA.

ISSUE AND BURDEN OF PROOF

[3] The sole issue to be decided in this inquiry is whether Interior Health is required to withhold access to the information in dispute under s. 22(1).

[4] Interior Health has the initial burden to prove that the information it withheld under s. 22(1) is personal information. If established, the burden then shifts to the applicant to prove that disclosure of the personal information at issue would not be an unreasonable invasion of a third party's personal privacy under s. 22(1).²

DISCUSSION

Background and Information at Issue

[5] On February 5-6, 2022, the applicant received emergency medical care at the hospital.³ She subsequently requested access to the physician emergency room records from her visit.⁴

[6] In response, Interior Health disclosed a three page "Emergency Room Visit Note" (the record) to the applicant but withheld three sentences from the first page of the record under s. 22(1).⁵ The information at issue in this inquiry consists of the three withheld sentences.

Section 22(1) - unreasonable invasion of third-party personal privacy

[7] Section 22(1) requires a public body to refuse to disclose personal information if its disclosure would unreasonably invade a third party's personal privacy. A third party is any person other than the applicant and a public body.⁶

[8] There are four steps in the s. 22(1) analysis and I will apply each step under the subheadings that follow.⁷

Step 1 – personal information

[9] Since s. 22(1) only applies to personal information, the first step is to determine whether the withheld information is personal information.

² Order 03-41, 2003 CanLII 49220 (BC IPC) at paras 9-11.

³ Interior Health's initial submission, page 1.

⁴ Ibid.

⁵ Ibid. For clarity, when I refer to page numbers of the record in this order, I am referring to the page numbers of the applicant's copy of the record (i.e., Appendix B to Interior Health's initial submission – Redacted Records disclosed to the Applicant).

⁶ FIPPA, Schedule 1.

⁷ Order F15-03, 2015 BCIPC 3 (CanLII) at para 58 and Order F16-38, 2016 BCIPC 42 (CanLII) at para 108.

[10] FIPPA defines personal information as “recorded information about an identifiable individual other than contact information.”⁸ Contact information is defined as “information to enable an individual at a place of business to be contacted and includes the name, position name or title, business telephone number, business address, business email or business fax number of the individual.”⁹

[11] Information is about an identifiable individual when it is reasonably capable of identifying an individual, either alone or when combined with other available sources of information.¹⁰

[12] Interior Health submits that the withheld information is personal information about a third party but did not explain further.¹¹ The applicant did not make submissions about whether the withheld information is personal information.

[13] The withheld information consists of a third party’s comment and opinion about the applicant, as recorded by the applicant’s physician in the Emergency Room Visit Note. Although the third party is not explicitly named, they are identified by their relationship to the applicant. As a result, the applicant would know who they are.

[14] Past orders have consistently found that a third party’s comments or opinions about an applicant is the joint personal information of the third party who provided the opinion and the applicant who is the subject of the opinion.¹² I make the same finding here.

[15] Accordingly, I am satisfied that all of the withheld information is personal information and I will proceed to the next step of the s. 22(1) analysis.

Step 2 – circumstances where disclosure is not an unreasonable invasion of a third party’s personal privacy

[16] The second step in the s. 22(1) analysis is to determine if the personal information falls into any of the categories of information listed in s. 22(4). If it does, then the disclosure of the personal information is deemed *not* to be an unreasonable invasion of a third party’s personal privacy, and the information must be disclosed.

⁸ FIPPA, Schedule 1.

⁹ Ibid.

¹⁰ See for example, Order F21-17, 2021 BCIPC 22 (CanLII) at para 12; Order F16-38, 2016 BCIPC 42 (CanLII) at para 112; and Order F13-04, 2013 BCIPC 4 (CanLII) at para 23.

¹¹ Interior Health’s initial submission, page 1.

¹² For example, see: Order F25-86, 2025 BCIPC 100 (CanLII) at para 13; Order F22-62, 2022 BCIPC 70 (CanLII) at para 54; Order F24-47, 2024 BCIPC 55 (CanLII) at para 33.

[17] Neither party made submissions about the application of s. 22(4). I have considered the categories listed under s. 22(4) and find that none apply to the withheld personal information.

Step 3 – presumptions against disclosure

[18] The third step in the s. 22(1) analysis is to determine whether any of the presumptions listed under s. 22(3) apply to the withheld personal information. If so, then disclosure is presumed to be an unreasonable invasion of a third party's personal privacy.

[19] Neither party made submissions about the application of s. 22(3). I have considered the categories listed under s. 22(3) and find that none apply to the withheld personal information.

[20] I note that although the withheld personal information consists of medical information, it is medical information about the applicant, not the third party, so s. 22(3)(a) does not apply.¹³

Step 4 – relevant circumstances

[21] The final step in the s. 22(1) analysis is to consider all relevant circumstances, including those listed in s. 22(2), to determine whether the disclosure of personal information would be an unreasonable invasion of a third party's personal privacy.

[22] Interior Health submits that s. 22(2)(f) (supplied in confidence) weighs against disclosure. The applicant did not address s. 22(2) in her submissions. However, she submits that the withheld information is negatively impacting her ability to access health care and that she needs this information in order to clear her name within the medical community.¹⁴ She also notes that the withheld information is in her medical file, and she believes she has the right to see it.¹⁵

[23] Although the applicant did not specifically raise s. 22(2)(c) (fair determination of an applicant's rights) in her submissions, some of her arguments appear to engage this section. Accordingly, I will address the applicability of s. 22(2)(c) below.

[24] I have also considered whether there are any other circumstances, including those listed under s. 22(2), that may apply. Based on my review of the withheld information, I find that the applicant's existing knowledge, the sensitivity of the information, and the fact that the withheld information is the applicant's

¹³ For a case with a similar finding, see Order F24-47, 2024 BCIPC 55 (CanLII) at para 47.

¹⁴ Applicant's response submission, page 1.

¹⁵ Ibid.

personal information are also relevant factors and I will consider each of them below.

Section 22(2)(f) – information supplied in confidence

[25] Section 22(2)(f) asks whether the personal information was supplied to the public body, explicitly or implicitly, in confidence. If it was, this weighs in favour of withholding the information.

[26] In order for s. 22(2)(f) to apply, there must be evidence that an individual supplied the information and did so under an objectively reasonable expectation of confidentiality at the time the information was supplied.¹⁶

Parties' submissions re: supplied in confidence

[27] Interior Health submits that the withheld information was supplied by the third party to the applicant's emergency room physician in confidence.¹⁷ In support of this, Interior Health notes that the record indicates that the applicant was found unresponsive and was not able to answer questions or provide more than yes or no answers, which led to the physician and third party having a confidential conversation.¹⁸ However, Interior Health acknowledges that it "was not able to ascertain if the patient was present" when the conversation between the third party and applicant's physician happened.¹⁹

[28] Interior Health further submits that "the verbiage used" by the physician to introduce what the third party said about the applicant supports that this information was provided by the third party in confidence.²⁰ In addition, Interior Health says that there are multiple indications in the record that the applicant did not share the details of the withheld information with the physician, and that this supports its position that this information was shared in confidence by the third party in absence of the patient.²¹

[29] Last, Interior Health submits that Order F24-46 and F21-38 "provide further information to support its decision to deny access to the records."²² However, it did not explain this claim further.

¹⁶ Order F11-05, 2011 BCIPC 5 (CanLII) at para 41, citing Order 01-36, 2001 CanLII 21590 (BC IPC) at paras 23-26. See also Order F23-02, 2023 BCIPC 3 (CanLII) at para 45.

¹⁷ Interior Health's initial submission, page 1.

¹⁸ Interior Health's reply submission, pages 1-2. For clarity, the record states that the applicant was found unresponsive *prior to* being taken to the hospital (Page 1 of the record). Upon arrival to the hospital, the record states that the applicant was "GCS 15 and alert", but "unable to answer questions more than a yes or no" due to her pain (Page 1 of the record).

¹⁹ Interior Health's reply submission, page 1.

²⁰ Interior Health's reply submission, page 2.

²¹ Ibid.

²² Ibid.

Analysis and findings re: supplied in confidence

[30] To begin, I have reviewed the orders cited by Interior Health. In my view, these cases are distinguishable from the present circumstances.

[31] Order F24-46 concerns information that was supplied by third parties to the police during a police investigation, and then forwarded to the applicant's hospital to assist with its psychiatric evaluation of the applicant.²³ In finding that s. 22(2)(f) applied to this information, the Adjudicator noted that "when people supply information to the police during investigations, they have a reasonable expectation of confidentiality."²⁴ This is a very different scenario than this case, which involves information that was supplied by a third party directly to the applicant's doctor during her emergency room visit.

[32] In Order F21-38, an applicant requested access to her son's hospital file. The Adjudicator found that the withheld information related almost exclusively to third parties and included sensitive accounts of the third parties' views, personal feelings, and domestic situations.²⁵ Having reviewed the information Interior Health withheld from the applicant in this case, I do not find that it consists of sensitive accounts of individual's views, personal feelings, or domestic situations. Additionally, it is not related almost exclusively to third parties. Rather, it consists of information that is jointly the personal information of the applicant and third party.

[33] Accordingly, for these reasons, while I have considered these cases, I do not find either of them relevant to this inquiry.

[34] Turning to the remainder of Interior Health's submissions on s. 22(2)(f), Interior Health speculates, based on certain words and phrases the physician used in the record, that the withheld information was supplied in confidence. After carefully considering Interior Health's submissions, the content of the withheld information, and circumstances of its supply, I am unable to conclude on a balance of probabilities that the withheld information was supplied in confidence. My reasons for this are as follows.

[35] First, there are no explicit indicators or statements in the record that this information was supplied by the third party in confidence.²⁶ The record, does not, for instance, include any notes from the physician that the third party requested the withheld information to be kept confidential or that the physician agreed to this. I find it relatively unlikely that, if this type of conversation or mutual

²³ Order F24-46, 2024 BCIPC 54 (CanLII) at para 46.

²⁴ Ibid at para 47.

²⁵ Order F21-38, 2021 BCIPC 46 (CanLII) at paras 11 and 16.

²⁶ For cases with similar reasoning, see: Order F25-89, 2025 BCIPC 103 (CanLII) at para 43 and Order F24-31, 2024 BCIPC 38 (CanLII) at para 137.

understanding did occur between the physician and third party, it would not be reflected anywhere in the physician's notes, which were fairly detailed.

[36] Second, in absence of any clear markers of confidentiality in the record itself, Interior Health did not provide any alternative documentary evidence, such as an affidavit from the physician, to demonstrate what the expectations were regarding confidentiality at the time the third party supplied the information to the physician.²⁷ As a result, there is insufficient evidence before me to determine if a mutual expectation of confidentiality existed between the physician and third party with respect to the withheld information at the time it was supplied.

[37] Third, having reviewed the withheld information, I do not find that it is clearly information that, on its face, the third party would not want the applicant to know.

[38] Turning next to the circumstances in which the information was supplied, this information was provided by the third party to the applicant's physician at the applicant's own emergency room visit, and potentially in front of her. In my view, it would generally not be objectively reasonable for someone to expect information supplied in this context to be kept confidential from the applicant.

[39] Further, though I understand it to be Interior Health's position that the applicant had diminished capacity due to the pain she was in, and that this led to the physician and third party having a separate conversation, it is not evident from the record that this is what occurred. There are no express statements in the record that a separate conversation occurred. Additionally, Interior Health confirmed that it was unable to verify that this is what actually took place.²⁸ As a result, it is entirely possible that the information Interior Health claims was supplied in confidence was actually supplied in front of the applicant and heard by her.

[40] I also note that, with respect to the third withheld sentence, due to the wording the physician used, its unclear if the information contained in this sentence was actually supplied by the third party. This sentence relays what the physician "thought" the third party said, but notes that it was later clarified not to be the case.²⁹ As a result, its unclear to me if the third party supplied the information at issue in this sentence.

[41] For all of the above reasons, Interior Health has not convinced me that s. 22(2)(f) applies to the withheld information, and I find it does not.

²⁷ For cases with similar reasoning, see: Order F25-89, 2025 BCIPC 103 (CanLII) at para 43 and Order 01-19, 2001 CanLII 21573 (BC IPC) at para 41.

²⁸ Interior Health's reply submission, page 1.

²⁹ Page 1 of the record.

[42] Finally, I note that, as with all factors under s. 22(1), whether the information was supplied in confidence is only one consideration and is not determinative of whether disclosure of that personal information would be an unreasonable invasion of a third party's privacy.³⁰ As stated by the Commissioner in Order 01-48:

...[E]ven if the personal information had been supplied in confidence, I would not be persuaded that s. 22(2)(f) favours the withholding of the applicants' personal information. It would be perverse, in the ordinary case, for someone in the third party's position to be able, by getting a public body's assurance that someone else's personal information was being supplied in confidence, to deny those other individuals the right of access to their own personal information *on that basis alone*.³¹ [My emphasis]

[43] It is not evident from Interior Health's submissions that it considered any other relevant factors under s. 22(2) besides s. 22(2)(f) in deciding to withhold the information in dispute from the applicant; rather, it appears to have denied access based on s. 22(2)(f) alone. Section 22(2) of FIPPA requires a public body to consider "all of the relevant circumstances" when determining whether disclosure of personal information would be an unreasonable invasion of a third party's personal privacy. This includes, but is not limited to, the circumstances enumerated in s. 22(2).³² Since Interior Health did not reference any other circumstances in its submissions besides s. 22(2)(f), it's unclear if it complied with this requirement in this case.

Section 22(2)(c) – fair determination of the applicant's rights

[44] Section 22(2)(c) asks whether the personal information in dispute is relevant to a fair determination of the applicant's rights. If so, this may weigh in favour of disclosure.

[45] Previous orders have established a four-part test that must be met in order for s. 22(2)(c) to apply in favour of disclosure:

1. The right in question must be a legal right drawn from the common law or a statute, as opposed to a non-legal right based only on moral or ethical grounds;
2. The right must be related to a proceeding which is either under way or is contemplated, not a proceeding that has already been completed;

³⁰ Order F07-02, 2007 CanLII 2529 (BC IPC) at paras 65-66; Order F24-59, 2024 BCIPC 69 (CanLII) at para 140; Order No. 74-1995, 1995 CanLII 815 (BC IPC) at "Section 22(2)(f)" analysis.

³¹ Order 01-48, 2001 CanLII 21602 (BCIPC) at para 52.

³² FIPPA, section 22(2).

3. The personal information sought by the applicant must have some bearing on, or significance for, determination of the right in question; and
4. The personal information must be necessary in order to prepare for the proceeding or to ensure a fair hearing.³³

[46] Although the applicant submits that she needs access to the withheld information in order to clear her name with the medical community³⁴, she has not identified a specific legal right at issue or that a proceeding is contemplated or underway related to that right. Accordingly, in absence of clear submissions from the applicant demonstrating how she satisfies the above test, I find that s. 22(2)(c) does not apply to the withheld information.³⁵

Applicant's existing knowledge

[47] Past orders have consistently found that an applicant's prior knowledge of the withheld personal information may weigh in favour of disclosing it.³⁶

[48] From my review of the withheld information and the parties' submissions, it is clear to me that the applicant knows or could ascertain much of the withheld information given:

- The withheld information describes an interaction that involved the applicant, and accordingly, she would be aware of it;³⁷
- Some of the withheld information is disclosed elsewhere in the record;³⁸
- Interior Health's reply submission in this inquiry, which was shared with the applicant, discloses the relationship of the third party to the

³³ Order F25-46, 2025 BCIPC 54 (CanLII) at para 112; Order F25-80, 2025 BCIPC 94 (CanLII) at para 87.

³⁴ Applicant's response submission, page 1.

³⁵ For cases with similar reasoning, see: Order F26-06, 2026 BCIPC 08 (CanLII) at para 66; Order F25-25, 2025 BCIPC 31 (CanLII) at para 92; Order F25-13, 2025 BCIPC 15 (CanLII) at para 76; Order F24-52, 2024 BCIPC 61 at para 97.

³⁶ For example, see: Order F25-05, 2025 BCIPC 5 (CanLII) at para 73; Order F24-81, 2024 BCIPC 93 (CanLII) at para 103; Order F25-89, 2025 BCIPC 103 (CanLII) at para 54.

³⁷ For cases with similar reasoning, see: Order F19-02, 2019 BCIPC 2 (CanLII) at para 73; Order F14-12, 2014 BCIPC 15 (CanLII) at para 62; Order F19-41, 2019 BCIPC 46 (CanLII) at para 80; Order F25-46, 2025 BCIPC 54 (CanLII) at para 122.

³⁸ Specifically, the substance of the second withheld sentence is repeated on page 3 of the record. For cases with similar reasoning, see: Order F14-12, 2014 BCIPC 15 (CanLII) at para 63; Order F19-41, 2019 BCIPC 46 (CanLII) at para 80; Order F19-48, 2019 BCIPC 54 (CanLII) at para 107.

applicant and summarizes generally the subject matter of the withheld information.³⁹

[49] Accordingly, for these reasons, I am satisfied that the withheld information is generally known to the applicant or is otherwise readily available to her, including the identity of the third party and generally what the third party said to her physician. I find that this weighs heavily in favour of disclosing the withheld information to the applicant.

Applicant's personal information

[50] As previously discussed, the withheld information is the joint personal information of the applicant and the third party. Previous OIPC orders have stated that it would only be in rare circumstances that disclosure to an applicant of their own personal information would be an unreasonable invasion of a third party's personal privacy.⁴⁰ Interior Health's submissions have not convinced me that this is one of those rare circumstances. The information at issue in this case consists of a few brief statements the third party made about the applicant to her physician and reflects information that is generally known or readily available to her.⁴¹

[51] I therefore find that the fact that the applicant is seeking her own personal information weighs in favour of disclosing the withheld information to her.

Sensitivity of information

[52] Previous orders have held that the sensitivity of the information at issue may be a relevant circumstance either for or against disclosure under s. 22(2).⁴²

[53] In my view, the withheld information is sensitive information *about the applicant*, but is not sensitive information about the third party. The withheld information consists of what the third party relayed to the physician about an interaction involving the applicant, along with an innocuous observation about this interaction. I do not find this information to be particularly sensitive information about the third party.⁴³ The final withheld sentence consists of the physician relaying something she thought the third party said about the

³⁹ Interior Health's reply submissions, pages 1-2. For cases with similar reasoning, see: Order F19-15, 2019 BCIPC 17 (CanLII) at para 96 and Order F14-47, 2014 BCIPC 51 (CanLII) at paras 37 and 39.

⁴⁰ Order F19-15, 2019 BCIPC 17 (CanLII) at para 98 and Order F14-47, 2014 BCIPC 51 (CanLII) at para 36, citing Order F10-10, 2010 BCIPC 17 (CanLII) at para 37 and Order F06-11, 2006 CanLII 25571 at para 77.

⁴¹ For a case with similar reasoning, see Order F17-05, 2017 BCIPC 6 (CanLII) at para 70.

⁴² Order F23-29, 2023 BCIPC 33 (CanLII) at para 74.

⁴³ For cases with similar reasoning, see: Order F25-05, 2025 BCIPC 5 (CanLII) at para 78 and Order F19-41, 2019 BCIPC 46 (CanLII) at para 78.

interaction but then confirming it was not the case. I also do not find that this sentence reveals sensitive information about the third party.

[54] Accordingly, I find that none of the withheld information is sensitive information about the third party, and this weighs in favour of disclosing it to the applicant.

Conclusion – section 22(1)

[55] To begin, I found that the withheld information is the personal information of the applicant and a third party.

[56] Next, I found that none of the categories under s. 22(4) or s. 22(3) apply to the withheld information.

[57] Turning to the relevant circumstances under s. 22(2), I found that the following factors weigh in favour of disclosing the withheld information to the applicant: the information is the applicant's own personal information, the information is generally known or already available to her, the information is non-sensitive information about the third party, and Interior Health did not establish that this information was supplied in confidence under s. 22(2)(f). There are no relevant circumstances that weigh against disclosure.

[58] Taking all of this together, I find that it would not be an unreasonable invasion of third-party personal privacy to disclose the withheld information to the applicant. Accordingly, Interior Health is not authorized to withhold this information under s. 22(1).

CONCLUSION

[59] For the reasons given above, I make the following order under s. 58 of FIPPA:

1. Interior Health is not authorized or required under s. 22(1) to refuse to disclose the three sentences I have highlighted in green in the copy of the record I will provide to Interior Health with this order. Interior Health is required to give the applicant access to the highlighted information.
2. Interior Health must provide the OIPC registrar of inquiries with a copy of the cover letter and record it sends to the applicant in compliance with item #1 above.

[60] Pursuant to s. 59(1) of FIPPA, Interior Health is required to comply with this order by **March 23, 2026**.

February 6, 2026

ORIGINAL SIGNED BY

Denise Eades, Adjudicator

OIPC File No.: F23-94338