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Order F12-10

COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Jay Fedorak, Adjudicator

June 29, 2012

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Summary: A criminology professor requested decisions of the College on physicians disciplined for sexually inappropriate behaviour. The College disclosed a copy of an Agreement in which a physician admitted he had inappropriately hugged and kissed a patient and agreed to the College imposing discipline on him. The College previously made a separate public disclosure of the identity of the physician, a description of the charge against him, and the details of the discipline it imposed. The College withheld, under s. 22(1) of FIPPA, all information identifying the complainant and the physician, as well as the medical, educational and employment history of the physician. The adjudicator found that s. 22(1) applied to the medical information of the complainant and the medical, educational and employment history of the physician, but not to the identity of the physician, the details of the charge or the terms of the discipline it imposed. The adjudicator ordered the College to disclose this information in the Agreement.

Statutes Considered: *Freedom of Information and Protection of Privacy Act*, ss. 22(1), 22(2)(a), 22(2)(e), 22(2)(f), 22(2)(h), 22(3)(a), 22(3)(b), 22(3)(d), 22(3)(h) and 22(4)(c); *Health Professions Act*, s. 39.3(1); *Medical Practitioners Act*, s. 5(1)(a).

Authorities Considered: B.C.: Order F12-05, [2012] B.C.I.P.C.D. No. 6; Order 01-53, [2001] B.C.I.P.C.D. No. 56; Order F08-16, [2008] B.C.I.P.C.D. No. 28; Order 01-07, [2001] B.C.I.P.C.D. No. 7; Order F10-36, [2010] B.C.I.P.C.D. No. 54; Order F10-21, [2010] B.C.I.P.C.D. No. 32; Order 00-08, [2000] B.C.I.P.C.D. No. 8; Order No. 221-1998, [1998] B.C.I.P.C.D. No. 14; Order F05-18, [2005] B.C.I.P.C.D. No. 26; Order F07-22, [2007] B.C.I.P.C.D. No. 36; Order F08-15, [2008] B.C.I.P.C.D. No. 27.

INTRODUCTION

[1] This case involves a criminology professor ("professor") challenging a decision of the College of Physicians and Surgeons of British Columbia ("College") to withhold personal information relating to a disciplinary matter involving a physician. The College disclosed some of the disciplinary information but withheld all personally identifiable information about the physician and patient ("complainant") involved, under s. 22(1) of the *Freedom of Information and Protection of Privacy Act* ("FIPPA"), on the grounds that disclosure would be an unreasonable invasion of their personal privacy.

ISSUES

[2] The questions that I must decide are:

1. Whether s. 25 of FIPPA requires the College to disclose the entire Agreement and its Schedules on the grounds that disclosure is clearly in the public interest.

2. Whether s. 22(1) of FIPPA requires the College to withhold the information at issue.

DISCUSSION

[3] **Background**—The College is the self-governing professional body for physicians and surgeons in British Columbia. Its mandate includes establishing, monitoring and enforcing standards of practice to ensure quality of practice and reduce incompetent, impaired or unethical practice among members. The *Health Professions Act* ("HPA") has governed the College and its disciplinary process since 2009. Prior to that, the now repealed *Medical Practitioners Act* ("MPA") provided the same function.

[4] The College is responsible for enforcing discipline of members and has implemented a formal process for receiving, investigating and adjudicating complaints about medical care and member conduct. In cases where a hearing is warranted, the proceeding is open to members of the public. The HPA requires the College to provide public notification of the outcome of hearings in cases where the charges are proven.

[5] Once the College determines that a hearing is warranted, the member facing the charge has the option of providing a written proposal admitting to the nature of the complaint against them and consenting to the College imposing discipline. The College has the option of agreeing to the proposal or proceeding with a hearing. If the College accepts the proposal, the parties sign a Consent Order, which imposes discipline on the member with the same force and effect

as if the discipline resulted from a hearing. When the College disciplined the physician in the present case, the MPA was still in force. The equivalent of a Consent Order under that legislative regime was called an "Agreement". The disciplinary action at issue in this inquiry occurred under the Agreement.

[6] The HPA requires the College to provide public notification summarizing the Consent Order. It includes the following information: the name of the member; a description of the action taken; and the reasons for the action taken. The MPA authorized the College to disclose similar information. Neither the HPA nor the MPA requires the College to make an entire copy of a Consent Order or the Agreement publicly available.

[7] The College also publishes details of disciplinary actions in cases where hearings are held and disciplinary charges are proven, or when physicians consent to discipline under a Consent Order or Agreement. The College issues media releases to all major media outlets and many health related organizations and bodies. The College also publishes statistical information about the number, type and nature of complaints and the issues they raise.

[8] The professor is conducting research on inappropriate sexual behaviour by physicians. She originally requested copies of what she described as "decisions" of the College regarding 92 physicians disciplined for sexually inappropriate behaviour. Some of these cases involved hearings and the remainder Agreements or Consent Orders. She wanted to use sources that would be generally available to the public, so she preferred to obtain access to the information through a formal request under FIPPA, rather than through a research agreement.[1]

[9] In response to the professor's request, the College issued a fee for retrieving and producing the records relating to the 92 physicians. The College provided a sample copy of an Agreement free of charge. The College withheld all information in the Agreement that could be used to identify the physician or the complainant.

[10] **Records in Issue**—The records consist of a severed copy of one Agreement relating to a physician and a series of six schedules to that Agreement. With respect to the Agreement, the College withheld the name of the physician and all information that it believes could identify him or any third party, but released the remaining information. The College withheld all of the six schedules in their entirety.

[1] In cases where researchers seek personal information that FIPPA would not otherwise permit a public body to disclose, the public body has the discretion to disclose the information through a research agreement, under s. 35. This is provided that the research proposal meets the criteria that s. 35 requires.

[11] **Is Disclosure Required in the Public Interest?**—If s. 25(1) applies in this case, it overrides any other exceptions to the disclosure of the requested records. Section 25 reads as follows:

> **Information must be disclosed if in the public interest**
>
> 25(1) Whether or not a request for access is made, the head of a public body must, without delay, disclose to the public, to an affected group of people or to an applicant, information
>
> (a) about a risk of significant harm to the environment or to the health or safety of the public or a group of people, or
>
> (b) the disclosure of which is, for any other reason, clearly in the public interest.
>
> (2) Subsection (1) applies despite any other provision of this Act.

[12] Former Commissioner Loukidelis stated the following in Order 02-38[2] in relation to the application of this section:

> [T]he disclosure duty under s. 25(1)(b) is triggered where there is an urgent and compelling need for public disclosure. The s. 25(1) requirement for disclosure "without delay", whether or not there has been an access request, introduces an element of temporal urgency. This element must be understood in conjunction with the threshold circumstances in ss. 25(1)(a) and (b), with the result that, in my view, those circumstances are intended to be of a clear gravity and present significance which compels the need for disclosure without delay.

[13] I take the same approach here.

[14] The professor believes that it is in the public interest to facilitate a meaningful public discussion about how the College regulates the behaviour of its members with respect to what she describes as "serious social issues". In order to have this debate, it is necessary, she submits, for the College to provide full public disclosure of disciplinary proceedings against its members for misconduct. She suggests that there cannot be effective self-regulation of the profession, or public confidence in that regulation, without full disclosure. She further submits that patients require this information to determine whether they should engage particular physicians.

[15] I disagree with the professor that these concerns are sufficient to engage s. 25 of FIPPA and to compel the College to disclose publicly the entirety of the Agreement and its schedules. Previous orders have held that, for s. 25 to apply

[2] [2002] B.C.I.P.C.D. No. 38, at para. 53.

there must be, in the words of Senior Adjudicator McEvoy, "a grave need to produce the records on an urgent basis".[3] The desire of the professor for a public debate on the effectiveness of professional regulation does not meet this threshold. There is no pressing need to inform the public about any potential risk to patients that the physician poses, as the College has already issued a public notification identifying the physician and describing the nature and reasons for the discipline.

[16] Therefore, I find that s. 25 does not require the College to disclose the information at issue.

[17] **Would Disclosure be an Unreasonable Invasion of the Physician's and Complainant's Privacy?**—FIPPA requires public bodies to withhold personal information where its disclosure would be an unreasonable invasion of a third party's personal privacy. The test for determining whether disclosure would be an unreasonable invasion of privacy is contained in s. 22 of FIPPA.

[18] Numerous orders have considered the proper analytical approach to s. 22, for example, Order 01-53.[4]

> 1. First, the public body must determine if the information in dispute is personal information.
> 2. If so, it must consider whether disclosure of any of the information is captured by s. 22(4), in which case disclosure would not be an unreasonable invasion of third-party personal privacy and s. 22(1) would not apply.
> 3. If s. 22(4) does not apply, the public body is to determine whether disclosure of the information falls within s. 22(3), in which case it would be *presumed* to be an unreasonable invasion of third-party privacy.
> 4. If the presumption applies, it is necessary to consider whether or not the presumption has been rebutted by considering all relevant circumstances, including those listed in s. 22(2).

[19] As noted in Order 01-53 (para. 24), discussing the fourth stage of the analysis:

> According to s. 22(2), the public body then must consider all relevant circumstances in determining whether disclosure would unreasonably invade personal privacy, including the circumstances set out in s. 22(2). The relevant circumstances may or may not rebut any presumed unreasonable invasion of privacy under s. 22(3) or lead to the conclusion that disclosure would not otherwise cause an unreasonable invasion of personal privacy.

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[3] Order F12-05, [2012] B.C.I.P.C.D. No.6, para. 14.
[4] [2001] B.C.I.P.C.D. No. 56.

[20] I adopt the same approach.

Is it personal information?

[21] The first step in applying s. 22(1) of FIPPA is to determine whether the requested information is personal information. The Agreement at issue contains three types of personal information. The first is the medical information of the complainant. The second is information about the physician in his professional capacity. The third is information about the physician in his personal capacity, including medical, educational and employment history. There is no dispute that the information about the complainant is personal information. There is a dispute with respect to the information about the physician. The professor submits that none of this information constitutes personal information because it is professional information about him as a physician, not personal information that warrants privacy protection. The professor does not distinguish between the information about the physician in his personal capacity and the information about him in his professional capacity.

[22] I disagree with the professor. All of the information about the physician is his personal information. Previous orders found that even information about individuals as employees is still personal information.[5] That is because, even though it may be about them in their capacity as employees, it still meets the definition of personal information under FIPPA. In addition, the medical, educational and employment history of the physician are clearly personal. Therefore, I find that the information about the complainant is her personal information, and the information about the physician, both in his professional and personal capacities, constitutes his personal information.

Section 22(4) – Not an unreasonable invasion of privacy

[23] The next step in applying s. 22 is to determine whether any of the provisions of s. 22(4) of FIPPA apply to the Agreement and its schedules. One of these provisions is s. 22(4)(c), which stipulates that disclosure of personal information is not an unreasonable invasion of privacy where another enactment requires or permits disclosure. The professor submits s. 39.3(1) of the HPA requires disclosure. The relevant provision of the HPA requires disclosure of:

> (a) the name of the registrant respecting whom … the action was taken;
>
> (b) a description of the action taken;
>
> (c) the reasons for the action taken.

[5] See for example, Order F08-16, [2008] B.C.I.P.C.D. No. 28; Order 01-07, [2001] B.C.I.P.C.D. No. 7; Order F10-36, [2010] B.C.I.P.C.D. No. 54; and Order F10-21, [2010] B.C.I.P.C.D. No. 32.

[24] However, the HPA was not in force at the time of the disciplinary matter at issue. At that time, the MPA governed all disciplinary matters. Section 5(1)(a) of the MPA authorizes the College to establish rules "for the administration of the affairs of the college and the maintenance of its standards and honour and for the proper professional conduct of those engaged in the practice of medicine in British Columbia". The College established a rule that authorized it to disclose publicly "any proven Charge and the punishment and costs imposed".[6] Therefore, the MPA authorizes these disclosures. The College has publicly disclosed this type of information respecting the complaint that is the subject of the Agreement. It has also disclosed the portions of the Agreement that indicate the disciplinary action it took with respect to the physician. The only information of that it did not disclose in response to the professor's request was the name of the physician.

[25] It is evident, however, that both the MPA and the HPA authorize disclosure of the physician's name. Therefore, I find that s. 22(4)(c) of FIPPA applies to the name of the physician. The College may not withhold the name of the physician under s. 22(1) of FIPPA.

[26] With respect to the remaining personal information that the College withheld, I proceed to consider the provisions of s. 22(3) of FIPPA.

Section 22(3) - Presumed unreasonable invasion of privacy

[27] If information falls within any of the listed categories in s. 22(3), disclosure would be presumed to be an unreasonable invasion of a third party's personal privacy. The College submits that, in this case, some of the information at issue is the medical information of the complainant, and that s. 22(3)(a) applies. It also submits that the schedules to the Agreement contain medical information that the physician submitted about himself. I agree with the College and find that s. 22(3)(a) of FIPPA applies to the medical history of the complainant and the physician.

[28] The College submits that the information at issue also falls within s. 22(3)(b): "the personal information was compiled and is identifiable as part of an investigation into a possible violation of law, except to the extent that disclosure is necessary to prosecute the violation or to continue the investigation". I note that previous orders have equated the complaint process of the College with an investigation into a possible violation of law. Therefore, I find that the Agreement and its schedules at issue here, which emanate from the complaint process, also fall within s. 22(3)(b) of FIPPA.[7]

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[6] The College's initial submission, affidavit of the Registrar, Appendix 2: Rules made under the *Medical Practitioners Act*, Part VI – Inquiry and Hearing Procedure, s. 37.5.

[7] For example see Order 00-08, [2000] B.C.I.P.C.D. No. 8, para. 86; Order No. 221-1998, [1998] B.C.I.P.C.D. No. 14.

[29] There is other information in the record relating to the physician's education, practice and absence from his practice. The College submits that this information constitutes his employment history under s. 22(3)(d). I agree with the College that s. 22(3)(d) of FIPPA applies to the employment and educational history of the physician.

[30] The College also submits that the information at issue includes personal evaluations supplied in confidence by a third party, under s. 22(3)(h) of FIPPA. Having reviewed the information, I disagree. The information includes details of the complaint, but they are a description of events and not an evaluation of the physician.

[31] Since, under s. 22(3), the disclosure of the information is presumed to be an unreasonable invasion of the complainant's and physician's personal privacy, the final step in the analysis is to review the relevant circumstances to determine whether they rebut the presumption of unreasonable invasion of third-party privacy.

Section 22(2) –– Relevant circumstances

Public Scrutiny

[32] The essence of the professor's submission is that the College should disclose the withheld information for the purpose of subjecting the College to public scrutiny. The professor submits that it is not sufficient for the College to publicize just the name of a member it disciplines, the details of the discipline it imposed and the transgression that the member committed. The professor suggests that the public cannot properly scrutinize the decisions of the College, unless the public has access to all of the details of the case and all related documentation. The professor submits that the public has a right to know everything, including intimate details of the personal medical history of members who are the subject of complaints. She suggests that the College would not have collected such information, unless it was relevant to its decision with respect to disciplining the physician.

[33] The professor draws a parallel with court processes, where members of the public may witness the proceeding and hear all of the evidence submitted to the court. When a disciplinary matter proceeds to a hearing, members of the public may observe and hear all of the evidence. When a physician admits responsibility through an Agreement, the public does not have the same access to all of the information. The professor suggests that the greater level of secrecy that an Agreement offers to physicians gives them an incentive to sign an Agreement to avoid the publicity of a public hearing.

[34] The professor characterizes the College as historically averse to transparency and cites examples of other jurisdictions that she submits are more open and transparent with respect to disciplinary decisions.

[35] Previous orders that have considered the application of s. 22(2)(a) of FIPPA have made the following findings with respect to the circumstances where disclosure of the personal information of a third party would be desirable for the purpose of subjecting a public body to scrutiny. In Order F05-18, Adjudicator Austin-Olsen found:

> What lies behind s. 22(2)(a) of the Act is the notion that, where disclosure of records would foster accountability of a public body, this may in some circumstances provide the foundation for a finding that the release of third party personal information would not constitute an unreasonable invasion of personal privacy. While I agree with the applicant that the College, and any other self-regulating professional body, is kept accountable in part through public scrutiny of its activities, the records in dispute in this case are not ones that, if disclosed, would enhance this goal. Records 111 and 114 are more directly related to the conduct and, indirectly, the accountability of the psychologist, not the College, something which s. 22(2)(a) is not intended to address.[8]

[36] Senior Adjudicator McEvoy has found that whether a regulatory body has disclosure policies governing the results of complaint investigations is relevant to the determination of whether disclosure of personal information of third parties would be desirable for the purpose of subjecting the body to public scrutiny. In Order F07-22, he found that disclosure would be desirable for accountability purposes because the College of Chiropractors had a policy of non-disclosure.[9] He came to the opposite conclusion in Order F08-15 because the College of Psychologists was more transparent in providing information concerning its decisions.[10]

[37] In the present case, the HPA provides a legislative regime governing the disclosure of information relating to member discipline, as did the MPA before it. The College publishes the name of the member, the discipline issued, and the reasons for the discipline. It is clear, from the public notification that the College issued and the information it disclosed to the professor, that the physician admitted to conducting himself inappropriately and unprofessionally with a patient, when he hugged and kissed her during medical attendance. He acknowledged that his conduct warranted the following discipline:

1. Suspension from practicing medicine for six months;

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[8] [2005] B.C.I.P.C.D. No. 26, para. 49.
[9] [2007] B.C.I.P.C.D. No. 36.
[10] [2008] B.C.I.P.C.D. No. 27.

2. Prior to returning to practice, completion of a multi-disciplinary assessment program; undergo a course of psychological assessment and counselling; and attend an interview with the Executive Committee of the College;
3. His future practice being subject to monitoring by the College; and
4. Paying a sum to cover part of the costs of the College in reviewing his case.

[38] The Agreement provides additional information about the terms of the discipline but does not provide any additional details about the behaviour that provoked the investigation. The professor submits, as I noted above, that this information is insufficient to enable the public to properly assess whether the College issued appropriate discipline in this case.

[39] I agree that in this case disclosure of the withheld information would, to a limited degree, be desirable for the purpose of submitting the College to public scrutiny. The reason I use the term "limited" is because the Legislature has already instituted a mandatory statutory regime of public notification to ensure transparency of College decisions and to protect the interests of patients generally. This regime balances these two objectives with protecting the personal privacy of individual physicians and patients. As noted above, previous orders have taken into account circumstances where a self-regulating professional body already provides a similar kind of disciplinary regime process. Therefore, I give the public scrutiny circumstance less weight than I would if the College had not already disclosed the substance of the complaint and the discipline it imposed.

[40] The professor also cites the importance of administrative tribunals providing reasons for their decisions in order for them to be held accountable. She surmises that the information withheld relates to those reasons. In my review of the records, I cannot find any explicit reference as to reasons for the College's decision. Any attempt to draw conclusions about the College's reasons from the information at issue would be mere speculation.

[41] Applying s. 22 of FIPPA requires determining whether the relevant considerations rebut the presumption that disclosure of the physician's personal information would be an unreasonable invasion of the physician's privacy. In this case, it is necessary to determine whether disclosure of the additional information would enhance public understanding of the decision of the College to a sufficient extent that it would warrant the level of invasion of personal privacy that it would entail. My assessment is that it would not.

Financial and Other Harm

[42] The College and the physician submit that another relevant circumstance is that disclosure would expose the physician and others to financial or other harm or damage to their reputations under ss. 22(2)(e) and (h). The College does not explain how these provisions apply in this case. The physician submits that disclosure could affect his livelihood. I accept that there is a possibility that disclosure of the information would harm the reputations of the physician and complainant. However, I give this consideration only modest weight with respect to most of the information, because the College has already disclosed the substance of the information at issue in its public notification. The exception is with respect to a passing reference in the preamble to the Agreement to, what the physician has described as, a "non-disciplinary matter".[11] I find that the disclosure of that information, as well as related information in two schedules to the Agreement, could unfairly damage the reputation of the physician.

Supplied in Confidence

[43] The College submits that the physician and complainant supplied the personal information in confidence under s. 22(2)(f) and that this is a relevant circumstance. The Registrar of the College provides affidavit testimony that the physician and the complainant have expectations of confidentiality and that disclosure of their sensitive personal information could harm the physician-patient relationship and the College's investigative, complaint and peer review processes. The physician also submits that he supplied the information in confidence. I am satisfied that there were reasonable expectations of confidence on the part of the physician and the complainant. Based on the affidavit evidence, I find that this is a relevant circumstance that weighs in favour of withholding the information of the physician and the complainant.

Other Circumstances

[44] Another relevant circumstance is that the College has already publicly disclosed some of the information at issue. This is a relevant circumstances weighing in favour of disclosure with respect to information of the kind already disclosed. This information includes disciplinary information about the physician and the fact that he kissed and hugged the patient. I have already mentioned this circumstance in reference to the application of s. 22(2)(a) of FIPPA above. It is also relevant on its own for the following reason. I have already found that the name of the physician is subject to s. 22(4)(c) of FIPPA and that s. 22(1) cannot apply to it. If I had concluded differently on that issue, the fact that the College disclosed the physician's name in the public notification would argue in favour of disclosing it in the Agreement as well.

[11] Third party's initial submission, para. 35.

Conclusion

[45] The Agreement and its schedules contain the personal information of both the complainant and physician. I will make findings with respect to the personal information of the complainant first.

[46] I found that the personal information of the complainant is her medical history under s. 22(3)(a) of FIPPA and was collected as part of an investigation into a possible violation of law under s. 22(3)(b). Therefore, disclosure is presumed to be an unreasonable invasion of her privacy. In assessing the relevant circumstances, I found that disclosure would be desirable for the purpose of subjecting the College to public scrutiny. Nevertheless, I give this minimal weight because the College has already disclosed the substance of her complaint. The remaining information consists of details of her medical history and treatment and opinions. I do not see how disclosure of this information would further public scrutiny of the College.

[47] The fact that she submitted her complaint in confidence is a relevant circumstance weighing in favour of withholding the information. Medical information is often very sensitive information that individuals want to protect and expect their physicians to keep confidential.

[48] Therefore, in weighing all of the relevant circumstances, I find that they do not rebut the presumption that disclosure would be an unreasonable invasion of the personal privacy of the complainant, with one exception. The College has already disclosed publicly the fact that the physician hugged and kissed the complainant. Therefore, disclosure of statements to that effect, without revealing her identity, would not constitute an unreasonable invasion of her privacy and may be disclosed.

[49] I turn now to the personal information of the physician. I find that some of the personal information of the physician is his medical history under s. 22(3)(a) of FIPPA. The remaining personal information about him is his employment and educational history under s. 22(3)(d). The College collected this information as part of an investigation into a possible violation of law under s. 22(3)(b). Therefore, disclosure is presumed to be an unreasonable invasion of his privacy. In assessing the relevant circumstances, I find that disclosure would be desirable for subjecting the College to public scrutiny. In such cases, the public is interested to know whether the punishment fit the offence. However, I note that the College has already disclosed, both in its original notification to the public and in the information in the Agreement that it disclosed to the professor, the substance of the complaint against him, the inappropriate behavior to which he has admitted, and the discipline that the College has imposed. The remaining information consists largely of his employment, educational, and medical history. I do not see that the disclosure of the remaining information would make

a qualitative difference to the assessment as to whether the punishment fit the offence.

[50] Therefore, I find that the relevant circumstance that disclosure would be desirable for the purpose of subjecting the College to public scrutiny does not rebut the presumption that disclosure of the medical, educational or employment history of the physician would be an unreasonable invasion of the physician's personal privacy. The one exception to this, as with the information of the complainant, relates to information concerning the fact that the physician hugged and kissed her. As the College has already disclosed this fact publicly, disclosure of statements to that effect would not constitute an unreasonable invasion of the privacy of the physician, and may be disclosed.

[51] In responding to this request, the College has not acknowledged the identity of the physician and has withheld all information that would identify him. It has done this, despite the fact that it has previously provided public notification that identified the physician, outlined the discipline it has imposed on him, and indicated that he has admitted his guilt. I have already determined above that s. 22(1) of FIPPA does not apply to the physician's name. Therefore, I find that the disclosure of other identifying information, such as the dates cited in the Agreement, or the amount of the financial penalty, would not be an unreasonable invasion of his privacy.

[52] The records at issue are the Agreement and the schedules to it. The only information in the main body of the Agreement to which s. 22(1) of FIPPA applies is reference to his health, the name of the complainant, and the reference to the "non-disciplinary matter". The remainder of the Agreement must be released. I find that s. 22(1) of FIPPA applies to Schedules A, D, and E in their entirety. I find that s. 22(1) of FIPPA applies to Schedules B, C, and F in part. As noted below, I have marked the passages that the College must disclose.

CONCLUSION

[53] For the reasons discussed above, I make the following orders under s. 58 of FIPPA:

1. Subject to paragraph # 2 below, I require the College to refuse to disclose, in accordance with s. 22(1), the information in the requested record.

2. I require the College to disclose to the applicant the information highlighted in yellow in copies provided to the College with a copy of this order.

3. I require the College to give the applicant access to this information within 30 days of the date of this order, as FIPPA defines "day", that is, on or before August 14, 2012, and, concurrently, to copy me on its cover letter to the applicant, together with a copy of the records.

June 29, 2012

ORIGINAL SIGNED BY

Jay Fedorak
Adjudicator

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