

ALBERTA

OFFICE OF THE INFORMATION AND PRIVACY COMMISSIONER

ORDER H2021-06

July 22, 2021

ALBERTA HEALTH SERVICES

Case File Number 008389

Office URL: www.oipc.ab.ca

Summary: Between December 8, 2016 and March 7, 2017, 18 affiliates of Alberta Health Services (the Custodian) accessed the Complainant's Netcare file, a total of 19 times. The Complainant complained that the accesses were not permitted under the *Health Information Act* (the HIA).

The Adjudicator found that all accesses, except Access #13, were permitted under sections 27(1)(a) or (g) of the HIA. The accesses took place as the Custodian and its affiliates provided health services to the Complainant including assessing her as part of their duties as members of a Crisis Response Team, providing direct medical care, and for the purposes of internal management, monitoring, reporting upon, and processing payment for the provision of health services.

The Adjudicator found that there was insufficient evidence to conclude that Access #13 was permitted under the HIA. The Adjudicator ordered the Custodian to have the affiliate responsible for Access #13 review the Custodian's Policy on Collection, Access, Use, and Disclosure of Information in order to promote practices consistent with the HIA.

Statutes Cited: AB: *Health Information Act*, RSA 2000, c. H-15 ss.1(1)(a), 1(1)(m), 1(1)(m)(i), 1(1)(m)(ii), 1(1)(m)(iii), 1(1)(m)(iv), 1(1)(m)(v); 1(1)(w); 25; 27(1)(a), 27(1)(b), 27(1)(g); 56.1(b)(i); 56.5(1)(a); 62(2); 80; *Mental Health Act*, RSA 2000 c M-13; *Health Information Regulation*, Alberta Regulation 70/2001 s. 3.1.

Authorities Cited: AB: Order H2021-01

Cases Cited: *JK v Gowrishankar*, 2019 ABCA 316

I. BACKGROUND

[para 1] The Complainant complains that Alberta Health Services (the Custodian) accessed her health information through Netcare, in contravention of section 25 of the *Health Information Act*, R.S.A. 2000, c. H-5 (the *HIA*). The Complainant takes issue with 19 occasions between December 8, 2016 and March 7, 2017, on which 18 individuals in total accessed her health information.¹

[para 2] During the period of time in question, the Complainant had several interactions with a Crisis Response Team. Following one such interaction, under the *Mental Health Act*, RSA 2000 c M-13 (the *MHA*), the Complainant was admitted to the University of Alberta Hospital (UAH) Emergency Department on December 27, 2016. The Complainant was then transferred to Grey Nuns Hospital on December 28, 2016, before being discharged on January 3, 2017. Following discharge, the Complainant was referred to (but did not attend) a Community Treatment Program. In the course of these events, numerous affiliates of the Custodian accessed the Complainant's health information through Netcare. "Netcare" is the informal name for the Alberta Electronic Health Record, referred to as "Alberta EHR" in the *HIA*.

[para 3] Subsequently, the Complainant obtained Audit Logs detailing access to her Netcare file at the time in question.

[para 4] The Complainant also made an access request under the *HIA* to the Custodian, seeking her own health information, including records from one of its clinical information sharing platforms, called "eClinician." In reply to the request, the Custodian provided 35 pages of documents, and confirmed that "no record of treatment was found in eClinician." The lack of eClinician records in relation to some of the accesses, along with other reasons, leads the Complainant to believe that the accesses did not occur as described by the Custodian.

[para 5] Investigation and mediation were authorized to resolve the complaint, but did not do so. The matter proceeded to inquiry.

¹ In the initial complaint to the Office of the Information and Privacy Commissioner, the Complainant listed 22 occasions her health information was accessed. However, in the Complainant's initial submission in this Inquiry, she annotated a spreadsheet of the individuals (initially prepared by the Custodian) who accessed her health information, identifying 19 occasions on which her health information was accessed, which she remains concerned about.

II. ISSUES

Issue A: Did the Custodian (or Affiliate) use the Applicant's health information in contravention of Part 4 of the HIA (section 25)?

III. DISCUSSION OF ISSUES

Issue A: Did the Custodian (or Affiliate) use the Applicant's health information in contravention of Part 4 of the HIA (section 25)?

[para 6] Section 25 of the HIA states:

25 No custodian shall use health information except in accordance with this Act.

[para 7] “Use” is defined in section 1(1)(w) of the HIA as follows:

(w) “use” means to apply health information for a purpose and includes reproducing the information, but does not include disclosing the information.

[para 8] Previous orders have held that accessing a person’s Netcare file is use of that person’s health information. See Order H2021-01 at para. 17.

[para 9] Part 5.1 of the HIA regulates health information accessed through Netcare.

[para 10] Section 56.5(1)(a) of the HIA describes an authorized custodian’s authority to use health information accessible by Netcare. Section 56.5(1)(a) states:

56.5(1) Subject to the regulations,

(a) an authorized custodian referred to in section 56.1(b)(i) may use prescribed health information that is accessible via the Alberta EHR for any purpose that is authorized by section 27;

[para 11] The Custodian is an authorized custodian under section 56.1(b)(i). Nothing in the regulations limits an authorized custodian’s authority under section 56.5(1)(a) to use health information.

[para 12] Section 27(1) of the HIA sets out permitted uses of health information. The Custodian relies on sections 27(1)(a), (b), and (g) for authority to use the Complainant’s health information. Those sections state:

27(1) A custodian may use individually identifying health information in its custody or under its control for the following purposes:

(a) providing health services;

(b) *determining or verifying the eligibility of an individual to receive a health service;*

(g) *for internal management purposes, including planning, resource allocation, policy development, quality improvement, monitoring, audit, evaluation, reporting, obtaining or processing payment for health services and human resource management.*

[para 13] The Custodian states that the individuals who accessed the Complainant's health information are its affiliates.

[para 14] "Affiliate" is defined in section 1(1)(a) of the HIA and includes the following individuals:

1(1) In this Act,

(a) *"affiliate", in relation to a custodian, means*

(i) *an individual employed by the custodian,*

(ii) *a person who performs a service for the custodian as an appointee, volunteer or student or under a contract or agency relationship with the custodian,*

(iii) *a health services provider who is exercising the right to admit and treat patients at a hospital as defined in the Hospitals Act,*

[para 15] Under section 62(2) of the HIA, when an affiliate uses health information, it is considered use by the Custodian:

(2) Any collection, use or disclosure of health information by an affiliate of a custodian is considered to be collection, use or disclosure by the custodian.

[para 16] In *JK v Gowrishankar*, 2019 ABCA 316, the Alberta Court of Appeal held that under section 62(2) affiliates have, subject to their duties with their custodian, the same authority as their related custodians to use health information. The Court stated at paras. 25 to 28:

Turning next to affiliates of custodians. While there is no provision in the *HIA* that expressly authorizes an affiliate to collect, use, or disclose health information, this authorization is implicit in the *Act*. Section 62(2) provides that:

*62(2) Any collection, use or disclosure of health information **by an affiliate** of a custodian is considered to be collection, use or disclosure by the custodian.*

(emphasis added)

This section contemplates that affiliates will be collecting, using, and disclosing health information. As a number of the defined custodians are entities, such as the department of the responsible Minister, it is the employees and contractors of those entities that collect, use, and disclose the information as prescribed by the *Act*. Because the *Act* permits a custodian to collect, use, and disclose information for specific purposes, its affiliates are also permitted to collect, use, and disclose the information for those same purposes. Indeed, this is the interpretation previously adopted by the OIPC: *Re Alberta Health and Wellness* (March 25, 2008), 2008 CanLII 88791 (AB OIPC), Order H2007-005 and Order P2007-013.

The nature of an affiliates relationship with the custodian imposes limitations on how an affiliate may collect, use, and disclose health information. An affiliate may only collect, use or disclose health information in accordance with its duties to the custodian. This must be inferred from the provisions that prohibit affiliates from collecting, using or disclosing health information in a manner that is not in accordance with the affiliate's duties to the custodian: ss 24, 28, 43. Affiliates must also comply with any policies or procedures established by the custodian: s 63(4)(b).

In summary, the collection and use of health information by a custodian (including an authorized custodian) and its affiliates is authorized by the *Act* so long as i) it is for a purpose permitted by the *Act*; and ii) the information is essential to carry out the intended purpose. An affiliate is subject to further limitations based on the affiliate's duties to the custodian, and any policies or procedures put into place by the custodian. Custodians and affiliates are permitted to disclose health information with or without consent, depending on the circumstances.

[para 17] I now turn to considering the Custodian's justifications under sections 27(1)(a), (b), and (g), for accessing the Complainant's health information.

[para 18] Section 27(1)(a) permits health information to be used for the purposes of providing health services. "Health Service" is defined in section 1(1)(m) of the HIA as follows:

(m) "health service" means a service that is provided to an individual for any of the following purposes:

- (i) protecting, promoting or maintaining physical and mental health;*
- (ii) preventing illness;*
- (iii) diagnosing and treating illness;*
- (iv) rehabilitation;*
- (v) caring for the health needs of the ill, disabled, injured or dying,*

but does not include a service excluded by the regulations;

[para 19] Section 3.1 of the *Health Information Regulation*, Alberta Regulation 70/2001 (the Regulations) specifies services excluded from “health services”, but none of them apply here.

[para 20] The Custodian states that throughout the events of December 8, 2016 through March 7, 2017, it provided mental health services to the Complainant, which, “necessitated access to the Applicant’s health information in Netcare to assist with service provision, including assessment of the Applicant, decision making, and direct interaction with the Applicant in the community.”

Custodian’s Arguments

[para 21] When and why each affiliate accessed the Complainant’s health information is set out in an affidavit sworn by the Executive Director for Addiction and Mental Health, for the Custodian. In her initial submission, the Complainant assigned a number to each time access to her Netcare file was made, as set out on the spreadsheet prepared by the Custodian (the Spreadsheet). The affidavit refers to each contested access using the Complainant’s numbering. For ease of reference, I use the same numbering system in this Order.

Use under Section 27(1)(a)

[para 22] The Custodian’s position is that the following occasions where the Complainant’s health information were accessed were permitted under section 27(1)(a) of the HIA.

Access #1

[para 23] On March 7, 2017 a Mental Health Therapist accessed the Complainant’s health information in order to prepare for an appointment booked for the Complainant at the Community Treatment Centre, for that day.

Accesses #5 and #6

[para 24] Accesses #5 and #6 were performed by the same affiliate. The affiliate is a Mental Health Therapist, working at the treatment center to which the Complainant was referred after being discharged from Grey Nuns Hospital on January, 3, 2017. On January, 4, 2017, she accessed the Complainant’s Netcare file to confirm that the Complainant had been discharged. She also attempted to contact the Complainant on the same day.

[para 25] The affiliate accessed the Complainant’s Netcare file again on January 6, 2017. Records indicate that on that day she contacted the Complainant and completed screening for the Complainant to attend the treatment center. An appointment for the Complainant was set for March 7, 2017.

Access #7

[para 26] After being admitted to the hospital on December 27, 2016, the Complainant was tended to by a doctor, working as a Psychiatric Resident at the hospital. The Doctor directly treated the Complainant while she was at the hospital and accessed her Netcare file for that purpose. She accessed the file on December 27 and 28, 2016. The Complainant does not take issue with access on these dates.

[para 27] The Complainant is concerned that the Doctor accessed the Complainant's Netcare file again on January 31, 2017. The Affidavit of the Director for Addiction and Mental Health states that the doctor would have accessed the Complainant's health information in order to prepare a discharge summary for the Complainant.

Access #10

[para 28] On December 28, 2016, a Registered Psychiatric Nurse, working at the hospital where the Complainant was admitted the day before, accessed the Complainant's Netcare file. She provided direct care to the Complainant and accessed her Netcare file for that purpose.

Access #11

[para 29] On December 27, 2016, a Registered Nurse working at the hospital accessed the Complainant's demographic information through Netcare. Given that only demographic information was accessed, the Custodian's Executive Director for Addiction and Mental Health believes access occurred for the purpose of registering the Complainant as a patient at the hospital.

Access # 12

[para 30] On December 27, 2016, a Registered Psychiatric Nurse accessed the Complainant's Netcare file. The Registered Nurse was working in bed management for the Custodian and accessed the Complainant's Netcare file to determine the best designated site to which the Crisis Response Team should take the Complainant.

Access # 13

[para 31] On December 26, 2016, a Registered Nurse accessed the Complainant's Netcare file. The Registered Nurse worked for Alberta Health Services Addictions and Mental Health (AMH). At the time when she accessed the Complainant's Netcare records, the Registered Nurse was on shift, working at the Northern Lights Regional Health Centre (NLRHC), in Fort McMurray, as part of the inpatient unit and the mobile crisis unit. According to the Custodian, a review of the Complainant's records indicates that prior to being hospitalized in December 2016, the Complainant lived in Fort McMurray.

[para 32] In the letter included with its initial submission, the Custodian states that due to the passage of time, it is unable to determine exactly why the Registered Nurse accessed the Complainant's Netcare file. The affidavit of the Executive Director for Addiction and Mental Health describes that the Registered Nurse does not remember the Complainant or accessing her health records. Based upon the fact that the Registered Nurse accessed the Complainant's records on the same date that the Complainant was involved with the Crisis Response Team, the Custodian posits that the Registered Nurse may have "been engaged" by the Crisis Response Team "to assist in their activities."

Access #14

[para 33] On December 26, 2016, a Registered Nurse, who was part of the Crisis Response Team, accessed the Complainant's Netcare file in preparation for the Crisis Response Team to move the Complainant to a treatment facility on December 27, 2016.

Access #15

[para 34] On December 26, 2016, a Registered Nurse accessed the Complainant's Netcare file and reviewed the Complainant's medical history while working with the Crisis Response Team that was attending the Complainant's home that day.

Access #16

[para 35] On December 25, 2016, a Registered Nurse (who is also a Mental Health Therapist) accessed the Complainant's Netcare file while working with the Crisis Response team that was attending the Complainant's home that day.

Access #17

[para 36] On December 22, 2016, a Social Worker (who is also a Mental Health Therapist) accessed the Complainant's Netcare file in order to assess the Complainant's demographic information and mental health history. The outcome was that the Crisis Response Team attended the Complainant's home to assess the Complainant.

Access #18²

[para 37] On December 22, 2016 a Registered Nurse (also a Mental Health Therapist) received a call from the Complainant on a crisis line, and a subsequent call from Alberta Works requesting support for the Complainant. She accessed the Complainant's Netcare file in order to determine how to best provide assistance to the Complainant, and the

² In the letter included with the Custodian's initial submission, it refers to the December 13, 2016 access as Access #18. In the affidavit sworn by the Executive Director for Addiction and Mental Health, and the Custodian's Spreadsheet, the December 13, 2016 access is #19, while Access #18 refers to access on December 22, 2016 as described in the body of this Order above. I use the numbering from the spreadsheet and the affidavit sworn by the Executive Director for Addiction and Mental Health throughout this Order.

caller from Alberta Works. The result was that the Crisis Response Team was consulted about appropriate action.

Use under Sections 27(1)(b) and (g)

[para 38] The Custodian's position is that following occasions on which the Complainant's Netcare file was accessed are justified under sections 27(1)(b) and/or (g) of the HIA.

Access #2

[para 39] Access #2 was done by a person working for the Custodian's Health Information Management operations, performing coding and abstracting of patient care records. The Custodian describes coding and abstracting as follows:

b. Coding and abstracting -is the process of reviewing clinical documentation and transforming- narrative descriptions of health conditions, diseases, injuries, and healthcare interventions into alphanumeric codes. These codes are captured along with demographic data.

c. This data is required by AHS to meet provincial and national regulatory reporting requirements for inpatient and ambulatory data. This information is used by government policy makers to make policy decisions about the health system and is used in AHS program and performance planning, funding, research, etc.

[para 40] On January 20, 2017, the Complainant's Netcare file was accessed in order to code and abstract the Complainant's records from the emergency department at the first hospital attended by the Complainant.

Access #3

[para 41] Access #3 occurred on January 11, 2017, by an Administrative Support worker for AMH. Part of her duties involve capturing Crisis Response Team data, including whether a patient is hospitalized. She must access Netcare to gather this information.

Access #4

[para 42] Access #4 occurred for the same reasons as Access #2. On January 9, 2017, a person working for the Custodian's Health Information Management operations accessed the Complainant's Netcare file in order to code and abstract the Complainant's in-patient records from the first hospital attended by the Complainant.

Accesses #8 and #9

[para 43] On December 29, 2016 two affiliates working in the Custodian's Finance operations, accessed the Complainant's demographic information through Netcare. Part of the duties of the two affiliates involve billing for insured services.

Access #19

[para 44] On December 13, 2016, an affiliate working in the Custodian's emergency medical billing department accessed the Complainant's Netcare file. According to the Custodian's supervisor, who advised the Executive Director of Mental Health and Addiction about the matter, the affiliate would have accessed the Complainant's Netcare file to confirm demographic information related to billing, specifically the Complainant's mailing address.

Complainant's Arguments

General Arguments

[para 45] I have reviewed the Complainant's submissions in their entirety. In general, the Complainant contests the accuracy of the Custodian's version of events. Many of the Complainant's arguments relate to disputes about why or whether it was necessary for the Crisis Response Team to attend her home.

[para 46] I agree that there might be circumstances such that medical care or attention is provided unnecessarily, or unfounded health concerns about an individual are investigated. Such circumstances could result in baseless access to an individual's health information. Unnecessary provision of medical care, without consent, cannot be used as a foundation or pretext to access an individual's health information. However, I see no indication that the actions of the Custodian and its many affiliates were any sort of pretext in this case.

[para 47] The Complainant also makes more focused arguments, which I address below.

Lack of eClinician Records

[para 48] Regarding Accesses #1, #5, #6, #10, #13, #14, #15, #16, #17, and #18 the Complainant argues that these accesses did not occur as described by the Custodian due the lack of "e-Clinician" records. The Complainant's argument stems from descriptions on the Spreadsheet that indicate that these accesses and/or activities that necessitated them were documented in eClinician. The general thrust of the argument is that if activities were documented in eClinician as stated, then records from eClinician should have been provided in response to the Complainant's access request, but were not.

[para 49] At my request, the Custodian addressed the absence of eClinician records.

[para 50] The Custodian explained that the Complainant did not receive eClinician records in response to the access request, since, while the request sought Netcare and eClinician records, the request did not specify a particular site or department within the Custodian where the requested records were held. The Custodian's Supervisor of Health Records provided details on how the Custodian responded to the request, and how the lack of specified sites to search affected the outcome. (While the Supervisor does not recall the Complainant's access request specifically, she states that upon review of documentation concerning the request, she has determined that she was involved in it.)

[para 51] According to the Supervisor of Health Records, the Complainant's access request was received at the Custodian's Disclosure Help Line and then forwarded to the University of Alberta Hospital (UAH) Access and Disclosure Team, which, at the time, processed all information requests related to Netcare. At the time, its practice was to search for eClinician records through an Admission Transfer and Discharge system called "Tandem." The Tandem search would have revealed only the Complainant's interactions with clinics associated with the UAH. The Tandem search done in response to the Complainant's access request showed one admission to the UAH Emergency Department, and no interactions with any associated clinics. Since Tandem did not show any interactions with associated clinics, and the UAH Emergency Department did not have access to eClinician at the time, the Custodian concluded that no eClinician records existed in response to the access request.

[para 52] Upon revisiting the matter of eClinician records at my request, the Custodian determined that AMH does have records from eClinician that were not provided to the Complainant. The reason for this is because AMH "maintains their own health records, including eClinician records but records from AMH must be requested separately." At the time of the access request, the Custodian's practice, if it was aware that an individual was seeking their own health information from AMH, was to inform the individual of the proper way to access the records – that is, to make a request to AMH. The Custodian explains that it was not aware that the Complainant was seeking AMH records in this case. The Custodian acknowledges that it was unfortunate that such records were not provided in response to the access request. The Custodian has since updated the systems used to coordinate responses to access to health information requests, enabling it to forward access requests seeking records from AMH, directly to AMH.

[para 53] The Custodian further determined that no eClinician records exist regarding Access #10, and believes that the notation on the Spreadsheet that there are such records is likely in error. The Custodian determined that the Registered Psychiatric Nurse who made Access #10, did not have access to eClinician in 2016. The Custodian was unable to contact the AHS Privacy Specialist who created the spreadsheet to clarify why it mentions eClinician records in relation to Access #10.

Discrepancies in location of service

[para 54] Regarding Accesses #1, #5, and #6, the Complainant argues that the spreadsheet states that she visited a Mental Health Clinic, which she denies. The

Complainant states that on the dates of these accesses she met with an employee of the Custodian, who was assigned to a mobile adult mental health crisis unit, at a shopping mall. The Custodian does not address the Complainant's version of events. I note, however, that the notation which the Complainant asserts indicates that she attended a clinic, does not appear to be stating any particular facility or location at which she received treatment. Rather, the spreadsheet simply indicates that the reference to a Mental Health Clinic identifies a facility with which the affiliate who made an access was associated at the time of the access, rather than the location or facility where the Complainant was actually served.

Access by Affiliate at another Hospital

[para 55] The Complainant has a further argument regarding Accesses #13 and #14. The Complainant notes that these Accesses were made by employees at the Alberta Hospital, which she did not attend during the period captured by the Audit Logs.

[para 56] As with the Complainant's concern about discrepancies in location of service, the notation that the Complainant believes indicates that several affiliates at Alberta Hospital provided services to her at that location, appears to indicate instead the facilities with which the affiliates were associated at the time of access, regardless of where they were actually working.

[para 57] Regarding Access #14, the Custodian has explained why the Registered Nurse accessed the Complainant's records. She was working with the Crisis Response Team and did so in order to prepare to have the Complainant admitted to a hospital.

[para 58] Regarding Access #13, the fact that the Registered Nurse was apparently affiliated with the Alberta Hospital while working at the NLRHC makes the matter of Access #13 no more or less clear than it has already been described to be above.

Considering the Arguments

[para 59] I find that the Custodian's explanation of the absence of eClinician records satisfactorily explains why the records were absent from the response to the access request, even though the Spreadsheet indicates such records exist. The absence does not suggest any unauthorized purpose behind any of the accesses.

[para 60] I reach the same conclusion regarding the explanation regarding the apparent discrepancy in location of service for Accesses #1, #5, and #6. The evidence does not provide any basis to doubt the purpose of these accesses, as explained by the Custodian. Similarly, the mention of Alberta Hospital does not provide reason to doubt the Custodian's explanation of Access #14. The precise reason for Access #13 remains unclear.

Conclusion on whether the Accesses were permitted under sections 27(1)(a), (b), and (g)

[para 61] I find that the Custodian was permitted to use (access) the Complainant's health information in Accesses #1, #5, #6, #7, #10, #11, #12, #14, #15, #16, #17, and #18 under section 27(1)(a) of the HIA. Sending its affiliates to assess the Complainant and see her admitted to Hospital as part of the Crisis Response Team, directly providing care, and registering a patient at a hospital, confirming discharge, and arranging for further treatment are all part of health services as defined in sections 1(m)(i) through (v) of the HIA. It is clear that these accesses were made in order to serve those purposes.

[para 62] I find that the Custodian was permitted to use (access) the Complainant's health information in Accesses #2, #3, #4, #8, #9, and #19 under section 27(1)(g) of the HIA. The accesses were made in order to effect coding, billing, and data capture. They may fairly be said to serve the purposes of internal management, monitoring, reporting upon, and processing payment for the provision of health services, as contemplated by section 27(1)(g).

[para 63] Since I have found above that all of the Accesses, except for Access #13, were permitted under sections 27(1)(a) and (g), I do not need to consider the application of section 27(1)(b) to them.

[para 64] Regarding Access #13, owing to a lack of memory about Access #13 on the part of the Registered Nurse who made the access, the precise reason why the access took place is unknown. I consider that the timing of the access being immediately at the time when the Crisis Response Team attended the Complainant's home suggests Access #13 was tied to those events in some way. However, the timing of the access alone, in the absence of further evidence, is an insufficient basis on which to conclude, on balance of probabilities, that Access #13 was made in accordance with the HIA, under sections 27(1)(a), (b), (g), or otherwise.

Conclusion on Section 25

[para 65] With the exception of Access #13, I find that the Accesses were permitted under section 27(1) of the HIA, and that the Custodian used information in accordance with section 25 of the HIA.

[para 66] The evidence does not establish, on balance of probabilities, that the Custodian complied with section 25 of the HIA regarding Access #13.

IV. ORDER

[para 67] I make this Order under section 80 of the HIA.

[para 68] Regarding Access #13, I order the Custodian to cease using health information contrary to the HIA. In order to promote practices consistent with the HIA, I order the Custodian to have the Registered Nurse responsible for Access #13 review its

Policy on Collection, Access, Use, and Disclosure of Information, included at Tab 4 of the affidavit of the Executive Director for Addiction and Mental Health.

[para 69] I order the Custodian to confirm, in writing, to the Complainant and me that it has complied with this Order within 50 days of receiving it.

John Gabriele
Adjudicator
/an