OFFICE OF THE INFORMATION COMMISSIONER (QLD) **)** S 240 of 1993 **)** (Decision No. 95004)

Participants:

PETER SUTHERLAND
Applicant

- and -

BRISBANE NORTH REGIONAL HEALTH AUTHORITY
Respondent

- and -

MARY COLLETTE SMITH
Third Party

DECISION AND REASONS FOR DECISION

FREEDOM OF INFORMATION - "reverse-FOI" application - document in issue comprising a letter concerning the medical treatment of the third party, written by the applicant, a general practitioner, to a specialist employed by the respondent - whether the document comprised information of a confidential nature - whether the document was communicated in confidence - whether the document is exempt under s.46(1)(a) or s.46(1)(b) of the *Freedom of Information Act 1992* Qld - observations on the circumstances in which communications between medical practitioners concerning a patient's medical treatment may be kept confidential from the patient

Freedom of Information Act 1992 Qld s.46(1)(a), s.46(1)(b), s.52,

"B" and Brisbane North Regional Health Authority, Re (1994) 1 QAR 279
Breen v Williams (Supreme Court of New South Wales, Court of Appeal, No CA 40600 of 1994, 23 December 1994, unreported)
K and Director-General of Social Security, Re (1984) 6 ALD 354
"P" and Brisbane South Regional Health Authority, Re (Information Commissioner Qld, Decision No. 94024, 9 September 1994, unreported)

DECISION

The decision under review (being the internal review decision of Dr C B Campbell, on behalf of the respondent, dated 1 December 1993) is varied, in that I find that the following parts of the document in issue comprise exempt matter under s.46(1)(a) of the *Freedom of Information Act 1992* Qld:

> all words in the first paragraph after the first comma appearing in the sixth line of that paragraph; and
>
> the second paragraph except for the first ten words in the second sentence of that paragraph.

Date of Decision: 13 April 1995

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F N ALBIETZ
INFORMATION COMMISSIONER

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REASONS FOR DECISION

Background

1. This is a "reverse-FOI" application by Dr Sutherland, a general practitioner, who objects to the respondent's decision to give the third party, Ms Smith, access under the *Freedom of Information Act 1992* Qld (the FOI Act) to a letter concerning Ms Smith's medical treatment, which Dr Sutherland had forwarded to a specialist employed by the respondent.

2. On 1 October 1993, Purvis Duncan, Solicitors, on behalf of Ms Smith, applied for access to Ms Smith's medical file held by the respondent. By letter dated 9 November 1993, Mr Bill Evans, on the behalf of the respondent, decided to allow Ms Smith access to all 130 pages of her medical file held by the respondent, except for part of one document, being a letter dated 16 February 1993 from the applicant, Dr Sutherland. Mr Evans decided that parts of Dr Sutherland's letter were exempt under s.46(1)(b) of the FOI Act, and his reasons for decision may be summarised as follows:

> parts of the letter from Dr Sutherland contained information of a confidential nature which was provided in confidence and on the understanding that the information would be used solely for the purpose of treating Ms Smith;
>
> there was an argument in favour of disclosure in that Ms Smith should have access to her complete medical record;
>
> arguments against disclosure were that the letter from Dr Sutherland contained information of a confidential nature which was provided in confidence to another medical practitioner; that release of the information contained in the letter could reasonably be expected to prejudice the future supply of such information either from Dr Sutherland or from other medical practitioners if it were known that the information so provided would be made available to other persons; and that failure to have access to the type of information contained in reports such as those provided by Dr Sutherland could affect the assessment and treatment of patients within the Regional Health Authority;
>
> in balancing the public interest test, some weight was put on the need for members of the

community to have full access to their medical record, but greater weight was placed on the need to ensure that information of a confidential nature provided by members of the medical profession is kept confidential as this could severely affect the provision of timely and effective medical assessments and treatment. Mr Evans stated that it was a reasonable assumption that should information of this nature be able to be accessed, the medical profession would be loath to provide similar details in the future and this could have a detrimental effect on the treatment of patients within both this Regional Health Authority and possibly the whole of Queensland Health; and

the public interest lies in ensuring that information which is provided in confidence should remain confidential, and that those parts of Dr Sutherland's letter which contain confidential information are exempt under s.46(1)(b) of the FOI Act.

3. By letter dated 24 November 1993, Purvis Duncan, Solicitors, on behalf of Ms Smith, applied for internal review of Mr Evans' decision, under s.52 of the FOI Act, and stated:

> *We note your comments as against disclosure of this information.*
>
> *We do not believe that the information would prevent further information coming forth from Dr Sutherland to other Medical Practitioners if it was known by that Doctor that patients were entitled to that information.*
>
> *We advise that our client has a claim for personal injuries sustained as a result of a motor vehicle accident on 25 February 1989. ... We believe that the above reasons are also in favour of the disclosure at this time of the deleted information, in an attempt to avoid further litigation or disruption of the Plaintiff's claim for damages with the Insurer involved.*

4. The internal review was undertaken by the Regional Director, Dr C B Campbell, who, after consulting with Dr Sutherland to ascertain his views (in accordance with s.51 of the FOI Act), decided on 1 December 1993 to overrule Mr Evans' initial decision. Dr Campbell decided to allow Ms Smith access to all of Dr Sutherland's letter dated 16 February 1993 on the basis that he was not satisfied that s.46(1)(b) of the FOI Act was applicable. (I note that Dr Campbell's reasons for decision do not indicate that any consideration was given to the application of s.46(1)(a) of the FOI Act.) The relevant part of Dr Campbell's reasons for decision on internal review is in the following terms:

> ***Arguments Against Release***
>
> *1. The letter contains information which Dr Sutherland considers is of a confidential nature relating to the assessment and treatment of Ms Smith.*
>
> *2. Disclosure of the information may jeopardise the provision to the Authority of confidential information relating to the assessment and treatment of patients.*
>
> ***Arguments For Release***
>
> *1. The need for the Authority to be open and accountable to the persons referred to it for treatment.*
>
> *2. The fact that although the information may cause some concern to Dr Sutherland the information contained in the document is not of a highly*

confidential nature.

3. The fact that release of the information contained in the letter is unlikely to jeopardise the provision of information necessary to the treatment of patients in the future.

In balancing the public interest test of section 46(1)(b) of the FOI Act, I have given some weight to Dr Sutherland's interests in not releasing information relating to Ms Smith which was provided in confidence to Dr Bradfield. However, I consider that the greater public interest would be served by the Authority providing an open access policy to the records of the persons who are treated within its facilities.

In making my decision I have noted the contention that the information was provided in confidence. However I have weighed this against the public interest of a person who is treated in the Public Health system receiving all documents relevant to that treatment. In this regard I have noted that the information provided by Dr Sutherland was for the purpose of ensuring that appropriate treatment was provided to Ms Smith and that access to the information contained in the letter would be important to a better understanding of the treatment provided to Ms Smith while in Royal Brisbane Hospital.

I have also considered whether release of the information contained in the document would have any significant effect on the provision of relevant information for the treatment of persons referred to the Authority. While the potential for this might occur I do not consider that it outweighs the right of a person to obtain information relating to their treatment in the Public Health system.

I have concluded that although there might be some degree of confidentiality involved in the provision of advice between one medical practitioner and another relating to the assessment, diagnosis or treatment of a patient, the material contained in the letter of 16 February 1993 could not be considered to constitute information which should not be made known to Ms Smith.

5. By letter dated 20 December 1993, Dr Sutherland applied to me for review under Part 5 of the FOI Act, in respect of Dr Campbell's decision of 1 December 1993. In that letter, Dr Sutherland stated that he objected to the release of the information on the grounds that the letter was written in a way which was intended to be confidential, for the use of the specialist and himself, not for the consumption of others.

The external review process

6. A copy of the document in issue was obtained and examined. On the basis of that examination, I wrote to Dr Sutherland on 6 September 1994, setting out my preliminary view that only part of the information contained in the document in issue was of a confidential nature, and explaining my reasons for forming that preliminary view. In that letter, I asked that Dr Sutherland advise whether he accepted or contested my preliminary view, and I extended to Dr Sutherland the opportunity to provide me with a written submission addressing the relevant issues for determination in this review, which I had identified in my letter to him.

7. No response was received from Dr Sutherland to that letter, and a phone call to him on 10 October 1994 elicited the verbal response that Dr Sutherland had no further submissions to make, and that any further medical reports which he writes for the respondent would be supplied on the basis that they remain confidential.

8. On 6 September 1994 and again on 20 October 1994, I wrote to McKays, Solicitors, the firm now acting on behalf of Ms Smith, identifying the issues for determination in this review and extending the opportunity to lodge evidence and written submissions. Ms Smith's solicitors replied by letter dated 26 October 1994 stating their belief that adequate submissions had been made on behalf of their client.

9. On 20 October 1994, I also wrote to Dr Campbell conveying the same information which I had conveyed to Dr Sutherland, and drawing his attention to the potential application of s.46(1)(a) of the FOI Act, which had not been addressed in his internal review decision (I note that Dr Campbell's decision predated my decision in *Re "B" and Brisbane North Regional Health Authority* (1994) 1 QAR 279 which provided a detailed explanation of s.46(1)(a) of the FOI Act). Dr Campbell replied in a brief letter dated 3 November 1994, stating that he did not intend putting forward any arguments against exclusion from release of the parts of the document which Dr Sutherland may have indicated were provided in confidence to the specialist, the release of which could lead to a breach of confidence owed to Dr Sutherland.

The relevant exemption provision

10. Section 46 of the FOI Act provides:

> ***46.(1)*** *Matter is exempt if -*
>
> *(a) its disclosure would found an action for breach of confidence; or*
>
> *(b) it consists of information of a confidential nature that was communicated in confidence, the disclosure of which could reasonably be expected to prejudice the future supply of such information, unless its disclosure would, on balance, be in the public interest.*
>
> ***(2)*** *Subsection (1) does not apply to matter of a kind mentioned in section 41(1)(a) unless its disclosure would found an action for breach of confidence owed to a person or body other than -*
>
> *(a) a person in the capacity of -*
>
> *(i) a Minister; or*
>
> *(ii) a member of the staff of, or a consultant to, a Minister; or*
>
> *(iii) an officer of an agency; or*
>
> *(b) the State or an agency.*

Application of s.46(1)(a) of the FOI Act to the document in issue

11. In my decision in *Re "B" and Brisbane North Regional Health Authority* (1994) 1 QAR 279 (*Re "B"*), I considered in detail the elements which must be established in order for matter to qualify for exemption under s.46(1)(a) of the FOI Act. The test for exemption is to be evaluated by reference to a hypothetical legal action in which there is a clearly identifiable plaintiff, possessed of appropriate standing to bring a suit to enforce an obligation of confidence said to be owed to that plaintiff, in respect of information in the possession or control of the agency or Minister faced with

an application for access, under s.25 of the FOI Act, to the information in issue (see paragraph 44 in *Re "B"*). Where the hypothetical legal action by which the test of exemption is to be evaluated must, in the circumstances of a particular case, be an action in equity for breach of confidence, there are five criteria which must be established:

(a) it must be possible to specifically identify the information in issue, in order to establish that it is secret, rather than generally available information (see paragraphs 60-63 in *Re "B"*);

(b) the information in issue must possess the "necessary quality of confidence"; i.e. the information must not be trivial or useless information, and it must possess a degree of secrecy sufficient for it to be the subject of an obligation of conscience, arising from the circumstances in or through which the information was communicated or obtained (see paragraphs 64-75 in *Re "B"*);

(c) the information in issue must have been communicated in such circumstances as to fix the recipient with an equitable obligation of conscience not to use the confidential information in a way that is not authorised by the confider of it (see paragraphs 76-102 in *Re "B"*);

(d) it must be established that disclosure to the applicant for access under the FOI Act would constitute a misuse, or unauthorised use, of the confidential information in issue (see paragraphs 103-106 in *Re "B"*); and

(e) it must be established that detriment is likely to be occasioned to the original confider of the confidential information in issue if that information were to be disclosed (see paragraphs 107-118 in *Re "B"*).

12. No suggestion arises in the present case of a contractual obligation of confidence concerning the communication of the information in issue. Therefore, the test for exemption under s.46(1)(a) must be evaluated in terms of the requirements for an action in equity for breach of confidence.

13. I am satisfied that there is an identifiable plaintiff (Dr Sutherland) who would have standing to bring an action for breach of confidence. Dr Sutherland initially claimed that all of his letter was confidential. I do not accept this because it is clear on its face that some of the information contained in the letter is known to Ms Smith; indeed, it was information provided to Dr Sutherland by Ms Smith. However, I do think it is possible (for the purposes of the first criterion identified in paragraph 11 above) to identify with specificity the parts of Dr Sutherland's letter which are not known to Ms Smith, being expressions of professional opinion between Ms Smith's treating doctors which (it is clear from their nature) would not have been conveyed to Ms Smith.

14. On the evidence before me, I find that the following information contained in Dr Sutherland's letter to Dr Bradfield (the specialist employed by the respondent) has the requisite degree of secrecy to invest it with the "necessary quality of confidence", so as to satisfy the second criterion referred to in paragraph 11 above:

> all words in the first paragraph after the first comma appearing in the sixth line of that paragraph; and
>
> the second paragraph, except for the first ten words in the second sentence of that paragraph.

The balance of the information contained in the letter cannot qualify for exemption under s.46(1)(a) since it is not information of a confidential nature *vis-à-vis* the applicant for access, Ms Smith.

15. Turning to the third criterion identified in paragraph 11 above, the document in issue is not marked

"Confidential", but there is no particular significance in that. As a communication between medical practitioners co-operating in the treatment of a particular patient, it would automatically have been understood to be confidential in a general sense. There is no doubt that a medical practitioner owes a duty of confidence to a patient, not only in respect of information actually imparted by the patient to the medical practitioner, but also to information derived by observation, examination and testing, from consultants' reports and the like. Information obtained from, or about, a patient may be shared on a "need to know" basis with a range of persons involved in the treatment of the patient, but otherwise must not be disclosed to third parties, except with the consent of the patient or under compulsion of law. The issue in the present case, however, is whether information in the records of a medical practitioner may be the subject of an obligation of confidence restraining disclosure to the particular patient to whom the information relates.

16. The Queensland Health Department has adopted a policy that in respect of medical records held by public authorities such as the respondent, a patient's medical records should normally be available to the patient, as explained in the following extract from the booklet 'Administrative Access to Health Records, Queensland Health Policy 1994':

> *As a matter of policy, Queensland Health generally supports the right of an individual to see what information is held about him or her by a health agency.*
>
> *Access to an individual's own health record should generally be provided administratively. Where access is provided to an individual's own health record under the Administrative Access Policy, the individual is to be provided with full access to the health record.*
>
> *If an officer believes that access should not be provided to certain information contained in the health record, the application must be processed under the* Freedom of Information Act 1992 *(the FOI Act), for example, where the health record contains information relating to the personal affairs of another person.*

As foreshadowed in the final paragraph of the above extract, Queensland Health's support for an individual's right to see what information is held about him or her by a health agency, is not unqualified. Where a judgment is made that part of an individual's health record may not be appropriate for release to him or her, the question of access is to be determined by reference to the application of exemption provisions in the FOI Act.

17. Thus, in *Re "P" and Brisbane South Regional Health Authority* (Information Commissioner Qld, Decision No. 94024, 9 September 1994, unreported), I held that, in the particular circumstances of that case, disclosure to a psychiatric patient of information on the patient's medical records, that had been supplied to treating specialists on an implicitly confidential basis by persons who knew the patient, for the purpose of assisting the care of the patient, would breach an equitable obligation of confidence owed to the persons who supplied the information. Hence the information was exempt matter under s.46(1)(a) of the FOI Act. A recent New South Wales case has considered the issue of whether a patient has a legal right to obtain access to the medical records held on the patient by a treating medical practitioner, as an incident of the doctor-patient relationship (i.e., apart from statutory provision, such as s.21 of the FOI Act which applies only to agencies as defined for the purposes of the FOI Act): see *Breen v Williams*, Supreme Court of New South Wales, Equity Division, No. 2363 of 1994, Bryson J, unreported, 10 October 1994; New South Wales Court of Appeal, No. CA 40600 of 1994, Kirby P, Mahoney and Meagher JJA, 23 December 1994, unreported. The majority in the New South Wales Court of Appeal (Mahoney and Meagher JJA) rejected the existence of such a right, while Kirby P would have upheld it; but all three judges acknowledged that a medical practitioner would be entitled to withhold from a patient any information on the patient's medical record, the disclosure of which would found an action for

breach of an obligation of confidence owed by the medical practitioner to a third party: see per Kirby P at pp.21-2, 39 and 44 of his judgment; per Mahoney JA at p.9 and p.30 of his judgment; and per Meagher JA at p.2 of his judgment.

18. The issue in the present case is whether certain information about a patient communicated by the patient's general practitioner to a treating specialist was communicated in such circumstances as to fix the recipient with an equitable obligation of conscience not to disclose the information to the patient. In *Re K and Director-General of Social Security* (1984) 6 ALD 354, at p.357, Deputy President Smart of the Commonwealth AAT (now Smart J of the New South Wales Supreme Court) made the following remarks about the document in issue in that case, which was a report by a treating specialist to another doctor concerning the applicant, K:

> *The respondent did not claim that the document was exempt under s.45 of the* [Freedom of Information Act 1992 Cth]*, but it did seem that its disclosure may constitute a breach of confidence. It was properly marked "Confidential" by its author and its contents were, in my view, of a confidential kind designed to assist in the management of the applicant. It is important that doctors be free to write confidential reports in cases such as this.*

19. I consider that it will sometimes be necessary for doctors engaged in treating a patient to communicate opinions, or other relevant information, on the basis that they remain confidential from the patient. I think that such instances should be comparatively rare, and that in general the principle which underlies Queensland Health's Administrative Access Policy is to be preferred, i.e., a patient's medical records should normally be available to the patient. (Medical practitioners may need to adjust their record-keeping practices to ensure that medical records liable to be disclosed under Queensland Health's Administrative Access Policy, or the FOI Act, are recorded with more careful regard to the sensitivities and level of understanding of individual patients.) There is no point in attempting to indicate the range of circumstances in which the law is likely to accept that it is appropriate for doctors engaged in treating a patient to communicate opinions or other relevant information on the basis that they remain confidential from the patient. One instance would be in respect of opinion or information which, if disclosed to the patient, would be likely to harm, disturb or confuse the patient's treatment. Confidentiality may also be called for in the case of a disturbed or volatile psychiatric patient. (I should note that Ms Smith is not a psychiatric patient.) A judgment as to the existence and scope of an equitable obligation of confidence must be made according to all the relevant circumstances of a particular case.

20. I consider that the information which I have identified at paragraph 14 above was communicated by Dr Sutherland to Dr Bradfield on the basis of an implicit understanding that the information was to remain confidential from Ms Smith. As I explained at paragraphs 89-90 of *Re "B"*, it is not necessary for there to have been express undertakings about confidentiality:

> *89.* *The Federal Court in* Smith Kline & French *accepted that equity may impose an obligation of confidence upon a defendant having regard not only to what the defendant actually knew, but to what the defendant ought to have known in all the relevant circumstances. In cases decided under s.45(1) of the Commonwealth FOI Act (prior to its 1991 amendment) the Federal Court had consistently held that the determination of whether information was provided in circumstances importing an obligation of confidence is essentially a question of fact, which depends upon an analysis of all the relevant circumstances, and it is not necessary for there to have been an express undertaking not to disclose information; such an obligation can be inferred from the circumstances: see* Department of Health v Jephcott *(1985) 9 ALD 35; 62 ALR 421 at 425*; Wiseman v Commonwealth of

> Australia *(unreported decision, Sheppard, Beaumont and Pincus JJ, No. G167 of 1989, 24 October 1989*); Joint Coal Board v Cameron (*1989) 19 ALD 329, at p.339.*
>
> *90. It is not necessary therefore that there be any express consensus between confider and confidant as to preserving the confidentiality of the information imparted. In fact, though one looks to determine whether there must or ought to have been a common implicit understanding, actual consensus is not necessary: a confidant who honestly believes that no confidence was intended may still be fixed with an enforceable obligation of confidence if that is what equity requires following an objective evaluation of all the circumstances relevant to the receipt by the confidant of the confidential information.*

21. I have no doubt that Dr Sutherland intended the information identified at paragraph 14 above to be confidential from Ms Smith, nor that Dr Bradfield understood, or ought to have understood, that Dr Sutherland intended that information to be confidential from Ms Smith. It must then be determined, upon an evaluation of all the relevant circumstances, whether equity requires that that understanding be enforced as an equitable obligation of confidence. If it is only the respective interests of the confider and confidant that are to be taken into account, then I would have little hesitation in finding that Dr Sutherland, as confider, is entitled to have the confidant respect the understanding of confidentiality which attended the communication in issue. However, I think the interests of the patient must also be taken into account in determining whether equity would enforce an obligation of confidence *vis-à-vis* the patient. This is because both the confider and the confidant have duties arising from the nature of the doctor-patient relationship which require them at all relevant times to act in the best interests of the patient, which includes the provision of relevant information to the patient in respect of the patient's treatment. Those duties owed by Dr Bradfield to his patient, Ms Smith, ought to be taken into account, with other relevant considerations, in determining whether equity would impose on Dr Bradfield an enforceable obligation to keep the information communicated by Dr Sutherland confidential from Ms Smith. Nevertheless, in light of what I have said at paragraphs 18-19 above, and having regard to the nature and sensitivity of the information identified in paragraph 14 above, the purpose for which it was communicated, the understanding of confidentiality which I find must have attended its communication, and the possibility that its disclosure may impact adversely on Ms Smith's future medical treatment, I find that the information was communicated to Dr Bradfield, on behalf of the respondent, in such circumstances as to fix Dr Bradfield and the respondent with an obligation to keep the information confidential from the third party, Ms Smith.

22. As to the fourth criterion identified at paragraph 11 above, I am satisfied that at the time the letter was communicated to Dr Bradfield, Dr Sutherland intended that the information was not to be conveyed to Ms Smith. In his application for review, Dr Sutherland stated that the letter was written in a way which was intended to be confidential, for the use of the specialist and himself. In the circumstances, I find that disclosure to Ms Smith of the information identified at paragraph 14 above would constitute an unauthorised use of that information.

23. I am also satisfied that disclosure to Ms Smith of the information identified at paragraph 14 above, would cause detriment to Dr Sutherland of one or more of the kinds mentioned in paragraph 111 of my decision in *Re "B"*.

24. In the circumstances of the present case, no occasion arises to consider the application of any of the defences to an equitable action for breach of confidence discussed in my decision in *Re "B"* at paragraphs 119 to 134. Further, s.46(2) of the FOI Act does not apply to the matter in issue (so as to render s.46(1) inapplicable) because disclosure of the matter in issue would found an action for

breach of confidence owed to a person or body other than those mentioned in s.46(2)(a) and (b).

25. Section 46(1)(a) of the FOI Act is not qualified by a public interest balancing test. This means that countervailing public interest considerations which may favour disclosure to Ms Smith of the matter in issue (such as those discussed in Dr Campbell's internal review decision, when he considered the public interest balancing test which qualifies s.46(1)(b)) are unable to be taken into account in determining whether the matter in issue is exempt matter under s.46(1)(a) of the FOI Act.

26. I am satisfied that disclosure of the matter identified at paragraph 14 above would found an action for breach of confidence, and that it is therefore exempt matter under s.46(1)(a) of the FOI Act.

Section 46(1)(b) of the FOI Act

27. My findings in respect of s.46(1)(a) make it unnecessary for me to consider s.46(1)(b) in any detail. Certainly, s.46(1)(b) cannot assist Dr Sutherland's case in respect of the information in the document in issue which I have found is not information of a confidential nature *vis-à-vis* Ms Smith, since that information necessarily also fails the first requirement imposed by the opening words of s.46(1)(b).

28. I only wish to add that, in the absence of any evidence from Dr Sutherland, I am prepared to accept the finding made by Dr Campbell (in his internal review decision on behalf of the respondent) in respect of the third element which must be satisfied to establish exemption under s.46(1)(b) - namely, that disclosure of the document in issue could not reasonably be expected to prejudice the future supply of like information. I do not think there is any reasonable basis for expecting that medical practitioners would refuse to supply necessary information, relating to the treatment of their patients, to other medical practitioners practising in the public health system, whose patient records may be subject to the FOI Act. They may be more careful in framing the terms in which the necessary information is conveyed, but that would be either a beneficial or a neutral development, rather than a detrimental one. The third element of s.46(1)(b), however, is not a factor which goes to the question of whether disclosure of the document in issue would found an action for breach of confidence, in terms of s.46(1)(a) of the FOI Act.

29. I am satisfied that the matter in issue is not exempt matter under s.46(1)(b) of the FOI Act.

Conclusion

30. The decision under review (being the decision of Dr C B Campbell, on behalf of the respondent, dated 1 December 1993) is varied, in that I find that the following information contained in the document in issue is exempt matter under s.46(1)(a) of the *Freedom of Information Act 1992* Qld:

> all words in the first paragraph after the first comma appearing in the sixth line of that paragraph; and
>
> the second paragraph except for the first ten words in the second sentence of that paragraph.

F N ALBIETZ
INFORMATION COMMISSIONER