



## Decision and Reasons for Decision

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Citation:	<i>Q12 and Metro North Hospital and Health Service</i> [2024] QICmr 63 (19 November 2024)
Application Number:	317983
Applicant:	Q12
Respondent:	Metro North Hospital and Health Service
Decision Date:	19 November 2024
Catchwords:	<p>ADMINISTRATIVE LAW - RIGHT TO INFORMATION - REFUSAL OF ACCESS - EXEMPT INFORMATION - LAW ENFORCEMENT OR PUBLIC SAFETY INFORMATION - information relating to a Justices Examination Order - whether disclosure could reasonably be expected to prejudice a system or procedure for the protection of persons, property or the environment - documents relating to processes under the <i>Mental Health Act 2016</i> (Qld) - whether information is exempt under section 67(1) of the <i>Information Privacy Act 2009</i> (Qld) and section 47(3)(a) and 48, and schedule 3, section 10(1)(i) of the <i>Right to Information Act 2009</i> (Qld)</p> <p>ADMINISTRATIVE LAW - RIGHT TO INFORMATION - REFUSAL OF ACCESS - CONTRARY TO PUBLIC INTEREST INFORMATION - information provided by or about other individuals in medical records - personal information and privacy - whether the information would, on balance, be contrary to the public interest to disclose under section 67(1) of the <i>Information Privacy Act 2009</i> (Qld) and sections 47(3)(b) and 49 of the <i>Right to Information Act 2009</i> (Qld)</p>

## REASONS FOR DECISION

### Summary

1. The applicant applied<sup>1</sup> to Metro North Hospital and Health Service (**Health Service**) under the *Information Privacy Act 2009* (Qld) (**IP Act**) for copies of her involuntary treatment orders, discharge summaries, and medication sheets.<sup>2</sup>

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<sup>1</sup> On 6 March 2024.

<sup>2</sup> From January 2009 to September 2012.

2. The Health Service located 163 pages and decided<sup>3</sup> to refuse access to some of the information appearing on 20 of these pages, on the basis that:
  - certain information is exempt, as disclosure would enable the existence or identity of a confidential source of information, in relation to the enforcement or administration of the law, to be ascertained;<sup>4</sup> and
  - disclosure of the remaining information would, on balance, be contrary to the public interest.<sup>5</sup>
3. The applicant applied to the Information Commissioner (**OIC**) for an external review of the Health Service's decision.<sup>6</sup>
4. For the reasons set out below, I vary the Health Service's decision and find that access to the information in issue can be refused<sup>7</sup> on the grounds that:
  - some of it comprises exempt information the disclosure of which could reasonably be expected to prejudice a system for the protection of persons, property of the environment;<sup>8</sup> and
  - the remaining is information which would, on balance, be contrary to the public interest to disclose.<sup>9</sup>

## Background

5. During the review process, I conveyed a preliminary view to the applicant that access to the information in issue may be refused under the IP Act<sup>10</sup> and invited the applicant to make submissions in response if she did not agree to resolve the review.<sup>11</sup> The applicant advised that she intended to raise her concerns with the Crime and Corruption Commission and the Independent Broad-based Anti-Corruption Commission<sup>12</sup> and requested that the external review be put on hold<sup>13</sup> and that she be granted an '*unlimited time to respond*'<sup>14</sup> to the preliminary view. The applicant was granted an extension to provide a submission but was advised:
  - the review would not be suspended indefinitely;<sup>15</sup> and
  - if no response was received by the final extension date, then, in line with the obligation to progress the external review expeditiously,<sup>16</sup> the matter would proceed to formal decision based on the available information.<sup>17</sup>
6. The applicant did not provide detailed submissions responding to the issues raised in the preliminary view, however, I have considered the applicant's correspondence to the extent that it is relevant to the issues in the review.

<sup>3</sup> Decision dated 26 April 2024.

<sup>4</sup> Section 67(1) of the IP Act and section 47(3)(a) and 48 and schedule 3, section 10(1)(b) of the *Right to Information Act 2009* (Qld) (**RTI Act**). Section 67 of the IP Act provides that an agency may refuse access to a document in the same way and to the same extent as under section 47 of the RTI Act.

<sup>5</sup> Section 67(1) of the IP Act and section 47(3)(b) and 49 of the RTI Act.

<sup>6</sup> External review application received by OIC on 1 May 2024.

<sup>7</sup> In reaching my decision I have kept in mind the IP Act's pro-disclosure bias and Parliament's requirement that grounds of refusal are to be interpreted narrowly (section 64 and section 67(2) of the IP Act respectively).

<sup>8</sup> Section 67(1) of the IP Act and section 47(3)(a) and 48 and schedule 3, section 10(1)(i) of the RTI Act.

<sup>9</sup> Section 67(1) of the IP Act and section 47(3)(b) and 49 of the RTI Act.

<sup>10</sup> Letter to the applicant dated 3 June 2024.

<sup>11</sup> As required by section 110(2)(b) of the IP Act. The Appendix lists each time the applicant was invited to make submissions to be considered in this review.

<sup>12</sup> Located in Victoria.

<sup>13</sup> Email from the applicant dated 8 July 2024.

<sup>14</sup> Email from the applicant dated 9 July 2024.

<sup>15</sup> Email to the applicant dated 8 July 2024.

<sup>16</sup> Section 108(1)(b) of the IP Act.

<sup>17</sup> Email to the applicant dated 31 July 2024.

## Reviewable decision

7. The decision under review is the Health Service's decision dated 26 April 2024.

## Evidence considered

8. Significant procedural steps relating to the external review are set out in the Appendix.

9. The evidence, submissions, legislation, and other material I have considered in reaching my decision are set out in these reasons (including footnotes and the Appendix).<sup>18</sup>

## Information in issue

10. The information in issue can broadly be described as:

- information identifying, and information provided by, an informant for a Justices Examination Order (**JEO Information**);<sup>19</sup> and
- information provided by and/or about other individuals in the context of the applicant's healthcare (**Third Party Information**).<sup>20</sup>

## Issues for determination

11. An external review by the Information Commissioner is a merits review—that is, an administrative reconsideration of a case which can be described as 'stepping into the shoes' of the primary decision-maker to determine the correct and preferable decision. In the conduct of an external review, the Information Commissioner has the power to review any decision that has been made by an agency in relation to the access application concerned, and decide any matter in relation to the access application that could have been decided by the agency.<sup>21</sup>
12. As noted at paragraph 2, the Health Service decided that disclosure of certain information would enable the existence or identity of a confidential source of information, in relation to the enforcement or administration of the law, to be ascertained. During the review, the Health Service was advised of my preliminary view that the correct and preferable decision is that access to this information may be refused on the basis that disclosure could reasonably be expected to prejudice the effectiveness of the current system for obtaining involuntary examination and treatment orders.<sup>22</sup> As the Health Service did not object to this preliminary view,<sup>23</sup> I have not considered the exemption provision relied on by the Health Service in its decision.

<sup>18</sup> Generally, it is necessary that decision makers have regard to the *Human Rights Act 2019* (Qld) (**HR Act**). However, section 11(1) of the HR Act provides that '[a]ll individuals **in Queensland** have human rights' (my emphasis), and given the applicant resides in a State other than Queensland, I have not had direct regard to the HR Act in this review. I have, of course, observed and respected the law prescribed in RTI Act in making this decision. Where the HR Act applies, doing so is construed as 'respecting and acting compatibly with' the rights prescribed in the HR Act (*XYZ v Victoria Police (General)* [2010] VCAT 255 (16 March 2010) (**XYZ**) at [573]; *Horrocks v Department of Justice (General)* [2012] VCAT 241 (2 March 2012) at [111]). Accordingly, had it been necessary for me to have regard to the HR Act in this review, the requirements of section 58(1) of that Act would be satisfied, and the following observations of Bell J about the interaction between the Victorian analogues of Queensland's RTI Act and HR Act would apply: 'it is perfectly compatible with the scope of that positive right in the Charter for it to be observed by reference to the scheme of, and principles in, the Freedom of Information Act' (*XYZ* at [573]).

<sup>19</sup> Information appearing on pages 21, 22, 27, 81, 131, 147, 150, 151, and 159.

<sup>20</sup> Information appearing on pages 1, 21, 67, 77, 81, 82, 88, 95, 102, 112, 120, 138, 143, 147, 150, and 160.

<sup>21</sup> Section 118(1) of the IP Act.

<sup>22</sup> Specifically, that it is, therefore, exempt information under schedule 3, section 10(1)(i) of the RTI Act.

<sup>23</sup> Outlined in a preliminary view (dated 17 September 2024) in which I invited the Health Service to provide a submission in response if it wished to contest my position.

13. Therefore, the issues for determination are whether:

- access to the JEO Information may be refused on the basis it comprises exempt information;<sup>24</sup> and
- access to the Third Party Information may be refused as disclosure would, on balance, be contrary to the public interest.<sup>25</sup>

## JEO Information

### Relevant law

14. Under the IP Act, an individual has the right to be given access to documents of an agency, to the extent they contain the individual's personal information.<sup>26</sup> That right is subject to the provisions of the IP Act, including the grounds for refusal of access.<sup>27</sup>
15. Access may be refused to information to the extent it comprises exempt information.<sup>28</sup> Relevantly, information is exempt if its disclosure could reasonably be expected<sup>29</sup> to prejudice a system or procedure for the protection of persons.<sup>30</sup>
16. Information will be exempt under schedule 3, section 10(1)(i) of the RTI Act if:<sup>31</sup>
- a) there exists an identifiable system or procedure
  - b) it is a system or procedure for the protection of persons
  - c) disclosure of the information in issue could reasonably be expected to prejudice that system or procedure; and
  - d) the information does not consist of any of the types of information set out in schedule 3, section 10(2) of the RTI Act.
17. The IP Act is to be administered with a pro-disclosure bias<sup>32</sup> and the grounds to refuse access to information are to be interpreted and applied narrowly,<sup>33</sup> to further the primary object of the Act.<sup>34</sup>

## Findings

### Requirement a) – Identifiable system

18. The JEO Information was obtained under a system established by the repealed *Mental Health Act 2000* (Qld) (**MH Act 2000**) which enabled a member of the community to request a non-urgent, involuntary mental health assessment for a person they believed had a mental illness and required examination by a doctor or authorised mental health

<sup>24</sup> As per section 47(3)(a) of the RTI Act.

<sup>25</sup> As per section 47(3)(b) of the RTI Act.

<sup>26</sup> Section 40 of the IP Act.

<sup>27</sup> Section 67 of the IP Act and section 47 of the RTI Act.

<sup>28</sup> Sections 47(3)(a) and 48 of the RTI Act. Schedule 3 to the RTI Act identifies the types of exempt information.

<sup>29</sup> The phrase 'could reasonably be expected to' requires an objective consideration of all the relevant evidence and consideration of whether the expectation is reasonably based. A reasonable expectation is not irrational, absurd or ridiculous. *Sheridan and South Burnett Regional Council and Others* [2009] QICmr 26 (9 April 2009) at [189]-[193] referring to *Attorney General v Cockcroft* (1986) 64 ALR 97.

<sup>30</sup> Schedule 3, section 10(1)(i) of the RTI Act.

<sup>31</sup> *E33 and Metro South Hospital and Health Service* [2021] QICmr 50 (12 October 2021) at [18] which relied on the principles in *Ferrier and Queensland Police Service* (1996) 3 QAR 350 at [27]-[36].

<sup>32</sup> Section 64(4) of the IP Act. However, if it is established that a document (or part) is exempt or contrary to the public interest to disclose, the Information Commissioner does not have power to direct that access to the document (or part) is to be given, in accordance with section 118(2) of the IP Act.

<sup>33</sup> Section 67(2)(a) of the IP Act.

<sup>34</sup> Section 3 of the IP Act.

practitioner to decide whether a recommendation for assessment should be made.<sup>35</sup> The MH Act 2000 was later repealed and the *Mental Health Act 2016* (Qld) (**MH Act 2016**) came into force, establishing a new system and procedure for obtaining mandatory mental health assessments of a person (**Examination Authorities**)<sup>36</sup> where serious concerns are held about a person's mental health and wellbeing, and voluntary engagement has not been successful.<sup>37</sup> I am satisfied that the process set out in the MH Act 2016 is an identifiable system or procedure, and requirement a) is met.

### **Requirement b) – For the protections of persons**

19. The Information Commissioner has previously found that the JEO system under the MH Act 2000 described above is a mechanism through which persons in need of health care can be assessed and treated, thereby minimising the potential for harm to themselves and others.<sup>38</sup> Notably, the MH Act 2016 includes specific conditions under which the Mental Health Review Tribunal may issue an Examination Authority, including that *'there is, or may be, an imminent risk, because of the person's mental illness, of serious harm to the person or someone else or the person suffering serious mental or physical deterioration.'*<sup>39</sup> I am satisfied that this means the current system under the MH Act 2016 outlined in paragraph 18 exists for the protection of persons—both the person that is the subject of the order and the community more broadly—and requirement b) is met.<sup>40</sup>

### **Requirement c) – Disclosure could reasonably be expected to cause prejudice**

20. The Examination Authority process under the MH Act 2016 operates by relying on information being provided to certain health professionals by third parties. The providers of such information are usually those closest to the subject person who have witnessed certain behaviours and hold concerns about the subject person's safety and well-being. The provision of this information to relevant authorities initiates the assessment process under the MH Act 2016. The Information Commissioner has previously explained that individuals involved in this type of process provide information on the understanding that it will only be used for the limited purpose of ensuring the subject individual receives appropriate healthcare and treatment.<sup>41</sup> I agree with this, and consider that ensuring the careful handling of the information provided by third parties, including any information provided under the former JEO process, is essential to the effectiveness of the Examination Authority process.
21. The current system for obtaining Examination Authorities and ensuring individuals receive necessary care and treatment is reliant upon members of the community raising their concerns through the appropriate channels and providing collateral information to inform any such orders. Without this information being provided by members of the community, the appropriate healthcare providers may not have sufficient knowledge of the subject person's condition to commence necessary treatment. Disclosure of this type of information is likely to make people reluctant to

<sup>35</sup> As set out in chapter 2, part 3, division 2 of the repealed MH Act 2000 and discussed in previous decisions of the Information Commissioner, for example: *SQD and Department of Justice and Attorney-General* (Unreported, Queensland Information Commissioner, 2 September 2010); *E91H9N and Metro South Hospital and Health Service* [2016] QICmr 18 (27 May 2016).

<sup>36</sup> Section 502 of the MH Act 2016.

<sup>37</sup> As detailed in the Queensland Health, *Examination Authorities – Fact Sheet*, <[https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0028/444970/examination-authorities-fact.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0028/444970/examination-authorities-fact.pdf)>, accessed 28 October 2024.

<sup>38</sup> *74KDLG and Department of Health* (Unreported, Queensland Information Commissioner, 25 February 2011).

<sup>39</sup> Section 504 of the MH Act 2016.

<sup>40</sup> Consistent with the approach in *E33 and Metro South Hospital and Health Service* [2021] QICmr 50 (12 October 2021).

<sup>41</sup> *SQD and Department of Justice and Attorney-General* (Unreported, Queensland Information Commissioner, 2 September 2010) at [17]; see also *ROSK and Brisbane North Regional Health Authority; Others (Third Parties)* (1996) 3 QAR 393 at [21]. As above, these decisions were made with respect to the similar provisions of the repealed MH Act 2000.

provide such information, or limit the type of information they provide, for fear that the subject person will find out that it was they who contacted the health providers and in turn cause a breakdown of that relationship or reprisals against them. I consider that disclosing any information identifying the provider of that information, and the information they provided, could reasonably be expected to limit the free flow of essential information to the relevant authorities, therefore prejudicing the ability of relevant authorities to effectively administer necessary healthcare and treatment.

22. The relevant JEO Information relates to order/s made under the repealed MH Act 2000. As this system is no longer in use, disclosure can no longer prejudice that particular system. However, I am satisfied that disclosure of information of this type could reasonably be expected to prejudice the *current* system or procedure of obtaining Examination Authorities under the MH Act 2016.
23. I am satisfied that requirement c) is met as disclosure of the JEO Information could reasonably be expected to prejudice the effectiveness of the current system or procedure under the MH Act 2016.

### Requirement d) – Exceptions

24. I have also considered whether any of the exceptions referred to in schedule 3, section 10(2) of the RTI Act apply to the JEO Information. I am satisfied that it is not:
  - matter revealing that the scope of a law enforcement investigation has exceeded the limits imposed by law
  - matter containing a general outline of the structure of a program adopted by an agency for dealing with a contravention or possible contravention of the law
  - a report on the degree of success achieved in a program adopted by an agency for dealing with a contravention or possible contravention of the law
  - a report prepared in the course of a routine law enforcement inspection or investigation by an agency whose functions include that of enforcing the law (other than the criminal law or the law relating to corruption under the *Crime and Corruption Act 2001* (Qld)); or
  - a report on a law enforcement investigation that has already been disclosed to the entity the subject of the investigation.

### Conclusion

25. I am satisfied that the JEO Information comprises exempt information as it meets each of the requirements of schedule 3, section 10(1)(i) of the RTI Act and none of the listed exceptions<sup>42</sup> apply. Accordingly, I find that access to the JEO Information may be refused on the basis it is exempt information.

### Third Party Information

#### Relevant law

26. Access to information may also be refused if its disclosure would, on balance, be contrary to the public interest.<sup>43</sup> In deciding where the balance of the public interest

<sup>42</sup> Schedule 3, section 10(2) of the RTI Act.

<sup>43</sup> Section 67(1) of the IP Act and sections 47(3)(b) and 49 of the RTI Act. The term 'public interest' refers to considerations affecting the good order and functioning of the community and government affairs for the well-being of citizens (Refer to Chris Wheeler, 'The Public Interest: We Know It's Important, But Do We Know What It Means' (2006) 48 AIAL Forum 12, 14). This means that, in general, a public interest consideration is one which is common to all members of, or a substantial segment of,

lies, a decision-maker is required to take specific steps in identifying and weighing the public interest<sup>44</sup> by considering relevant factors for and against disclosure.<sup>45</sup>

## Findings

### *Irrelevant factors*

27. I have not taken any irrelevant factors into account in reaching my decision.

### *Factors favouring disclosure*

28. Disclosure of the Third Party Information would enhance the accountability and transparency of the Health Service<sup>46</sup> and give the applicant a more comprehensive understanding of the information considered when decisions were made relating to her healthcare.<sup>47</sup> However, the applicant has been given access to the majority of the relevant documents. I am satisfied that the information already released has significantly discharged the Health Service's accountability and transparency obligation, reducing the weight of relevant public interest factors favouring disclosure of the Third Party Information. On that basis, I consider that these factors each carry low weight in favour of disclosure of the Third Party Information.
29. The Third Party Information is information about the applicant, provided by Third Parties for the purpose of assisting the staff of the Health Service in the applicant's medical assessment, care, and treatment. This gives rise to a factor in favour of disclosure to the extent the information is the applicant's own personal information<sup>48</sup> and is deserving of significant weight.

### *Factors favouring nondisclosure*

30. The Third Party Information comprises the perspectives and opinions of those individuals and therefore comprises their own personal information, intertwined with the applicant's in such a way that it cannot meaningfully be separated. The RTI Act recognises that there is public interest harm in disclosing the personal information of other individuals.<sup>49</sup> I also consider that the sensitive nature of this information means that disclosure could reasonably be expected to prejudice the protection of the third parties' right to privacy,<sup>50</sup> giving rise to a public interest factor favouring nondisclosure.<sup>51</sup> I consider that the sensitive nature of the information and the context in which it was provided means that each of these factors carries significant weight.
31. I have also considered whether disclosure of the Third Party Information could reasonably be expected to prejudice the health service's ability to obtain confidential information relevant to the treatment of its patients.<sup>52</sup> I am satisfied that people who provide information to healthcare professionals, particularly in the treatment of mental

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the community, as distinct from matters that concern purely private or personal interests (although there are some recognised public interest considerations that may apply for the benefit of an individual).

<sup>44</sup> Section 49(3) of the RTI Act. The steps include: disregarding any irrelevant factors, identifying relevant factors favouring disclosure and nondisclosure and balancing the relevant factors.

<sup>45</sup> Including the non-exhaustive list of factors in schedule 4 of the RTI Act.

<sup>46</sup> Schedule 4, part 2, items 1 and 3 of the RTI Act.

<sup>47</sup> Schedule 4, part 2, item 11 of the RTI Act.

<sup>48</sup> Schedule 4, part 2, item 7 of the RTI Act.

<sup>49</sup> Schedule 4, part 4, section 6 of the RTI Act.

<sup>50</sup> The concept of 'privacy' is not defined in the IP Act or the RTI Act. It can, however, essentially be viewed as the right of an individual to preserve their 'personal sphere' free from interference from others. Paraphrasing the Australian Law Reform Commission's definition of the concept in 'For your information: Australian Privacy Law and Practice' Australian Law Reform Commission Report No. 108 released 12 August 2008, at paragraph 1.56.

<sup>51</sup> Schedule 4, part 3, item 3 of the RTI Act.

<sup>52</sup> Schedule 4, part 3, item 16 of the RTI Act.

health, do so with a reasonable expectation of confidentiality. I consider that disclosure of this type of information could reasonably be expected to discourage other individuals from coming forward with confidential information in similar circumstances in the future. Consequently, I consider that a public interest harm is also reasonably expected to result from disclosure of the Third Party Information<sup>53</sup> and, in turn, prejudice the agency's ability to obtain confidential information. Given the importance of healthcare professionals obtaining information from the community in order to make informed assessments and provide appropriate care to individuals, I afford each of these factors significant weight.

32. As outlined above, the current Examination Authority process continues the objectives of the previous JEO process, to provide a clear pathway through which individuals with concerns about the mental health of another person can raise those concerns with the appropriate health authorities, and in turn, those authorities can intervene to respond to and manage the health issues of individuals who are unable to do so themselves. I consider that disclosure of the Third Party Information could reasonably be expected to deter individuals from openly communicating with authorities as part of this process. As an Examination Authority is part of a system protecting the community and public safety, I am satisfied that disclosure could reasonably be expected to prejudice the effectiveness of the Examination Authority process, a process designed for public safety, and afford this factor significant weight in the circumstances.<sup>54</sup>

### **Balancing the public interest factors**

33. I have attributed significant weight to the applicant accessing her own personal information. Due to the information already released to the applicant, I have afforded only low weight to the three public interest factors relating to ensuring the Health Service is accountable and transparent in its dealings with the applicant including information relied upon by the Health Service.
34. On the other hand, I have attributed significant weight to:
- protecting the personal information and privacy of third parties
  - protecting the Health Service's ability to obtain confidential information; and
  - preventing prejudice to a system designed for public safety.
35. On balance, the significant weight I have attributed to the factors favouring nondisclosure, outweigh the weight attributed to the factors in favour of disclosure. Accordingly, I am satisfied that disclosure of the Third Party Information would, on balance, be contrary to the public interest and access may be refused on this basis.<sup>55</sup>

### **DECISION**

36. For the reasons above, I vary the Health Service's decision and find that:
- access to the JEO Information may be refused on the basis it is exempt information;<sup>56</sup> and
  - access to the Third Party Information may be refused on the basis that disclosure would, on balance, be contrary to the public interest.<sup>57</sup>

<sup>53</sup> Schedule 4, part 4, section 8(1) of the RTI Act; see *B7TG4G and Gold Coast Hospital and Health Service* [2015] QICmr (1 May 2015) at [35]-[37].

<sup>54</sup> Schedule 4, part 3, item 7 of the RTI Act.

<sup>55</sup> Section 67(1) of the IP Act and sections 47(3)(b) of the RTI Act.

<sup>56</sup> Section 67(1) of the IP Act and section 47(3)(a) and schedule 3, section 10(1)(i) of the RTI Act.

<sup>57</sup> Section 67(1) of the IP Act and section 47(3)(b) of the RTI Act.



37. I have made this decision as a delegate of the Information Commissioner, under section 139 of the IP Act.

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**Jane Williams**  
**Assistant Information Commissioner**

**Date: 19 November 2024**

## APPENDIX

### Significant procedural steps

Date	Event
1 May 2024	OIC received the external review application. OIC requested Health Service provide procedural documents.
9 May 2024	OIC received the procedural documents from Health Service.
21 May 2024	OIC informed applicant and Health Service that the external review had been accepted. OIC requested Health Service provide the information in issue.
22 May 2024	OIC received the information in issue from Health Service.
3 June 2024	OIC conveyed a preliminary view to the applicant and advised that if a response was not received by 17 June 2024 then the matter would be finalised in accordance with informal resolution process.
19 June 2024	OIC advised applicant and Health Service that external review had been closed under informal resolution process as no response was received in response to the preliminary view.
27 June 2024	OIC received correspondence from the applicant advising that she was not sure of the date that she had to respond to the preliminary view.
5 July 2024	OIC advised applicant that external review had been reopened, clarified external review process, and invited applicant to provide a submission in response to the preliminary view by 19 July 2024.
8 July 2024	OIC received correspondence from applicant requesting an extension and for the external review to be continuously on hold. OIC emailed the applicant and advised a further extension until 5 August 2024.
9 July 2024	OIC received correspondence from applicant requesting an unlimited time to respond.
10 July 2024	OIC advised Health Service that the external review had been reopened.
31 July 2024	OIC granted applicant a final extension until 2 September 2024 and advised that the matter would be finalised by formal decision based on the available information.
17 September 2024	OIC conveyed a preliminary view to Health Service regarding varied ground of refusal.