



Decision and Reasons for Decision

Citation:	<i>J21 and Wide Bay Hospital and Health Service [2026] QICmr 40 (12 March 2026)</i>
Application Number:	318743
Applicant:	J21
Respondent:	Wide Bay Hospital and Health Service
Decision Date:	12 March 2026
Catchwords:	ADMINISTRATIVE LAW - AMENDMENT OF PERSONAL INFORMATION - information contained in applicant's health records - whether information is inaccurate, incomplete, out of date or misleading - section 72(1)(a)(i) of the <i>Information Privacy Act 2009 (Qld)</i>

REASONS FOR DECISION

Summary

1. The applicant applied¹ to Wide Bay Hospital and Health Service (**Health Service**) under the *Information Privacy Act 2009 (Qld)* (**IP Act**) to amend certain information in her medical records.²
2. The Health Service refused to amend the records on the basis that they were not inaccurate, incomplete, out of date or misleading.³ The applicant sought internal review of that decision⁴ and the Health Service affirmed its original decision.⁵
3. The applicant applied to the Office of the Information Commissioner (**OIC**) for an external review of the Health Service's internal review decision.⁶
4. For the reasons set out below, I affirm the decision of the Health Service and find that amendment may be refused under the IP Act.

Reviewable decision

5. The decision under review is the Health Service's internal review decision dated 18 June 2025.

¹ On 14 May 2025.

² On 1 July 2025 key parts of the *Information Privacy and Other Legislation Amendment Act 2023 (Qld)* (**IPOLA Act**) came into force, effecting changes to the IP Act. References to the IP Act in this decision are to the legislation as in force prior to 1 July 2025 in accordance with transitional provisions in Chapter 8, Part 3 of the IP Act, which require that applications on foot before 1 July 2025 are to be dealt with as if the IPOLA Act had not been enacted.

³ Decision dated 4 June 2025.

⁴ Application for internal review dated 4 June 2025.

⁵ Internal review decision dated 18 June 2025.

⁶ External review application dated 26 June 2025.

Evidence considered

6. In reaching my decision in this matter, I have taken into account the evidence, submissions, legislation and other material as set out in these reasons (including footnotes).
7. I have also had regard to the *Human Rights Act 2019* (Qld) (**HR Act**), particularly the rights to equality before the law, freedom of expression, privacy and reputation.⁷ I consider a decision-maker will be '*respecting, and acting compatibly with*' those rights, and others prescribed in the HR Act, when applying the law prescribed in the IP Act.⁸ I also note the observations made by Bell J on the interaction between equivalent pieces of Victorian legislation:⁹ '*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.*'¹⁰ The proper consideration of these human rights in accordance with section 58(1) of the HR Act is demonstrated in my findings at paragraphs 28 to 51 below in which I address the applicant's concerns about stigma and the recording of political opinions. Importantly, with respect to privacy and reputation, I have taken into consideration that, despite the Health Service's refusal of amendment, the applicant has a right to require the Health Service to add a notation to her record in accordance with section 76(2) of the IP Act.¹¹ This notation allows her to state the way in which she claims the information is inaccurate, incomplete, out of date and/or misleading and the amendments she claims are necessary for the information to be accurate, not misleading, complete and/or up to date.

Issue for determination

8. The issue for determination is whether amendment of the applicant's health records may be refused under section 72 of the IP Act.

Relevant law

9. Subject to the IP Act, an individual has a right to amend their personal information in documents of an agency if it is inaccurate, incomplete, out of date or misleading.¹² It is Parliament's intention that the IP Act should be administered with a pro-amendment bias¹³ and applied and interpreted to further the primary objects of:
 - the fair collection and handling in the public sector environment of personal information; and
 - a right to amendment of personal information unless, on balance, it is contrary to the public interest to allow the information to be amended.¹⁴
10. An individual who has had access to a document of an agency may apply to the agency for amendment of any part of the individual's personal information contained in the document that the individual claims is inaccurate, incomplete, out of date or misleading.¹⁵

⁷ Sections 15, 21 and 25 of the HR Act.

⁸ *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].

⁹ *Freedom of Information Act 1982* (Vic) and *Charter of Human Rights and Responsibilities Act 2006* (Vic).

¹⁰ *XYZ* at [573]. This approach, in the context of the IP Act and *Right to Information Act 2009* (Qld), was endorsed by McGill J in *Lawrence v Queensland Police Service* [2022] QCATA 134 at [23], observing that the Information Commissioner '*was conscious [of the right to seek and receive information] and considered that the application of the Act gave effect to the requirements of the Human Rights Act. I see no reason to differ from that conclusion.*'

¹¹ The applicant was informed of this in OIC's letter dated 23 July 2025.

¹² Section 41(1)(a) of the IP Act.

¹³ Section 58(4) of the IP Act.

¹⁴ Section 3 of the IP Act.

¹⁵ Section 44(1) of the IP Act.

11. 'Personal information' is defined as:¹⁶

... information or an opinion, including information or an opinion forming part of a database, whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.

12. Without limiting the grounds on which the agency may refuse to amend a document, the agency may refuse to amend a document because the agency is not satisfied that the personal information is inaccurate, incomplete, out of date or misleading.¹⁷ However, even if it is shown that the information an applicant seeks to amend is inaccurate, incomplete, out of date or misleading, the IP Act confers a discretion on the decision-maker to refuse amendment.¹⁸

13. While an agency has the onus on external review of establishing that its decision was justified,¹⁹ *'the practical or evidentiary onus shifts to the party challenging the decision to provide evidence in support of the contention that the party is entitled to amendment on the basis that the documents in question contain information which is inaccurate, incomplete, out of date or misleading'*.²⁰

14. The following criteria may *'usefully be borne in mind.. when considering whether the discretion should be exercised...'*²¹

- (a) *the character of the record, in particular whether it purports to be an objective recording of purely factual material or whether it merely purports to be the record of an opinion/report of one person;*
- (b) *whether the record serves a continuing purpose;*
- (c) *whether retention of the record in unamended form may serve a historic purpose;*
- (d) *whether the record is dated;*
- (e) *whether amendment is being sought as a de facto means of reviewing another administrative decision;*
- (f) *the extent to which access to the record is restricted;*
- (g) *whether creation of the record or any of its contents was induced by malice.*
- (h) *whether the record is part of a group of records and, if so, whether the other records modify the impact of the record in dispute.*

15. A decision-maker may take into account the fact that it is not the purpose of the amendment provisions to:²²

- re-write history,²³ as this destroys the integrity of the record-keeping process
- determine disputed questions of opinion, when the opinion was actually held and accurately entered in the official record²⁴

¹⁶ Section 12 of the IP Act.

¹⁷ Section 72(1)(a)(i) of the IP Act.

¹⁸ In *Purrer v Office of the Information Commissioner & Anor* [2021] QCATA 92 (**Purrer**), Daubney J made the following observation about section 72(1) of the IP Act at [28]: *'the prefatory words of the section clearly operate to retain in the relevant agency or Minister a general discretion to refuse to amend.'*

¹⁹ Section 100(1) of the IP Act.

²⁰ *Purrer* at [32] and [76]. Refer also to section 44(4) of the IP Act, which requires an applicant to state both the way in which the information is inaccurate, incomplete, out of date or misleading and the amendments necessary for the information to be accurate or not misleading.

²¹ *3DT2GH and Department of Housing and Public Works* (Unreported, Queensland Information Commissioner, 26 November 2012) (**3DT2GH**) at [17] citing *Shaw and Medical Board of Queensland* (Unreported, Queensland Information Commissioner, 3 July 2008), (**Shaw**) at [41], quoting with approval the decision of Deputy President Todd of the Administrative Appeals Tribunal in *Cox and Department of Defence* (1990) 20 ALD 499 at 502-503.

²² *3DT2GH* at [18].

²³ *DenHollander and Department of Defence* [2002] AATA 866 at [96], cited in *Cowen and Queensland Building and Construction Commission* [2016] QICmr 43 (14 October 2016) at [23].

²⁴ *Crewdson v Central Sydney Area Health Service* [2002] NSWCA 345 (**Crewdson**) at [34].

- re-write a document in words other than the author's²⁵
 - review the merits or validity of official action;²⁶ or
 - correct any perceived deficiencies in agency conduct or investigate such matters.²⁷
16. If an agency agrees to amend a record, the IP Act provides that this may be done by either altering the personal information or adding an appropriate notation.²⁸ If an agency refuses to amend a record, section 76 of the IP Act provides that an applicant may, by written notice, require the agency to add a notation to the record.
17. Where disputed information comprises an individual's interpretation of events or issues, an applicant seeking amendment must establish not only that the relevant information is an inaccurate, incorrect, out of date or misleading record of the underlying events or issues, but that the authoring individual had not actually held and accurately entered into the official record their particular understanding of those events when creating the record.²⁹

Submissions of the applicant

18. In her amendment application, the applicant states:

Information is heavily biased, inaccurate and misleading. Political opinions are listed as mental health disorders which is incredibly concerning. The 'narratives' written in each interaction are very one sided and biased and I think can only create prejudice. It doesn't belong in a medical file. It doesn't represent what I said in a true way, and it is misleading about who I am...

19. The applicant provided a copy of her medical record with the amendment application, indicating the specific parts of concern and providing reasons. These can be generally described as:
- **Triage Screen:** A record of examination where a Registered Nurse (**RN1**) made notes about the applicant's mental state. This record is signed electronically by the RN1 on the date of the applicant's attendance at hospital.³⁰ The applicant submits that the Triage Screen:
 - is heavily biased, defamatory and misleading
 - mischaracterises her and does not give the full picture
 - reaches an incorrect clinical impression of her presentation, eg. what the applicant considers to be certain facts about her life being characterised as indicating health concerns
 - inappropriately records her political opinions
 - **Call Note 1:** A note of a call with the applicant, made by a different RN (**RN2**) on the same date as the applicant's presentation, in which the applicant is quoted as saying something she alleges she did not say. This record is signed electronically by RN2 on the same date as the call.³¹ This record cross-references the Triage Screen.

²⁵ *Re Traynor and Melbourne & Metropolitan Board of Works* (1987) 2 VAR 186, 190.

²⁶ *Crewdson* at [24].

²⁷ *Shaw* at [57].

²⁸ Section 74 of the IP Act.

²⁹ *A4STL6K and Queensland Health* (Unreported, Queensland Information Commissioner, 6 September 2013) (**A4STL6K**) at [27], paraphrasing the relevant principle as stated in *Crewdson* at [34].

³⁰ Pages 2 and 4-5 of the documents released to the applicant by the Health Service.

³¹ Page 10 of the documents released to the applicant by the Health Service.

- **Meeting Note 1:** A progress note made by a doctor on the day after the applicant's initial presentation recording the outcome of an Intake Review Team meeting of six staff. The note indicates that the applicant does not have a General Practitioner (GP) or fixed address. The applicant makes a distinction, explaining that she did not provide information about her GP or address. This record is signed electronically by the doctor on the same date as the meeting.³² This record cross-references the Triage Screen and Call Note 1.
- **Call Note 2:** A note of a call with the applicant, made by RN2 two days after the applicant's attendance. This record is signed electronically by RN2 on the same date as the call.³³ This record cross-references the Triage Screen and Call Note 1. The applicant disputes RN2's version of the conversation and provides her recollection of the conversation.
- **Meeting Note 2:** A progress note made by a psychologist three days after the applicant's attendance recording the outcome of an Intake Review Team meeting of eight staff. This record is signed electronically by the psychologist on the same date as the meeting.³⁴ The Team appear to be discussing Call Note 2 and deciding what action should be taken as a result. This record cross-references Call Note 2. The applicant submits this meeting note is unsubstantiated and copied straight from Call Note 2.

20. In support of the amendment application, the applicant also provided a copy of emails:

- from the Office of the Health Ombudsman (OHO) recording that she made a complaint one day after her attendance at the Health Service; and
- to OHO just over one week after her attendance, explaining at length her concerns about the treatment received, including relevantly, regarding Call Note 2 above, that RN2 appeared very defensive and stressed and would not listen or accept feedback.

21. The applicant explains in her external review application that:

- the precedent case of *AD6L9H and Department of Health* (Unreported, Queensland Information Commissioner, 31 August 2010) (**AD6L9H**) considered information to be inaccurate if *'it comprises erroneous statements of facts or opinions that are shown to be based on erroneous facts'*³⁵
- most of the information she has asked to be deleted is based on erroneous facts; it is an interpretation of what she said based on faulty understanding, incomplete knowledge and biased reporting: *'I did not say the words the notes say I did, and I do not hold the opinions the notes say I do. They also are biased, political based options and they are curated in a defensive manner. I provided an objection to the way they were handling things, they wrote those notes in a defensive manner, in a way that discredited and devalued me. This is erroneous.'*
- the IP Act must be interpreted to further the primary object of the Act which includes *'to provide for the fair collection and handling in the public sector environment of personal information'*

³² Page 11 of the documents released to the applicant by the Health Service.

³³ Pages 14-15 of the documents released by the Health Service.

³⁴ Pages 16 of the documents released by the Health Service.

³⁵ At [17].

- ‘Evidence of an opinion is not admissible to prove the existence of a fact about the existence of which the opinion was expressed’³⁶
- there is an awareness of biased stigmatising language being used in Electronic Health Records, as evidenced by the Johns Hopkins University School of Medicine, Center for Health Care Strategies article ‘Words Matter; Strategies to Reduce Bias in Electronic Health Records’³⁷, which relates to race and ethnicity, but which the applicant considered may also apply to gender and political perspective
- it is unfair to record biased opinions and judgments without other substantiation; and
- her evidence of her recollection of the conversation should be treated equally to the clinical record made by the Health Service’s staff.

22. In response to OIC’s preliminary view that amendment may be refused, the applicant further submitted:³⁸

It is said that a request to strike certain parts of notes made “would destroy the integrity of a public record”. My argument is that the record doesn’t have integrity, in the first place, and so that is why certain parts should be struck.

It says that I must establish that the author wrote things the way they did, and included things the way they did, to be misleading. And establish that the author didn’t actually hold those particular understandings.

I’ve called that into question, and I’ve given reasons why they might lie, including to protect themselves and that maybe their stress is affecting their judgement. Can you clarify how I’m responsible to prove or disprove the author, because I’m not sure how that is possible from my position? I assert it. I don’t think this statement is fair.

Is there a code or guideline established that outlines “integrity”? Are they asked or required to try to be objective, factual, accurate, and responsible or professional when making a permanent, “unalterable” record? They should try to make a record with regard to what’s best for the patient and their continuity of care?

Please will you acknowledge the prejudicial nature of political opinions and the harms and danger of permanently publishing a political opinion or depiction of someone’s political opinion in their medical record. Not only are political opinions private and shared consensually, they change over time and have no place on a permanent, medical record.

Political opinion is federally protected as ‘sensitive personal information’ for good reason. I would never consent to my real political opinion, let alone someone else’s version of it, on any permanent record and I most certainly do not want it on my medical record.

23. In further submissions to OIC, the applicant also relevantly stated:³⁹

- The reason the notes made by different people are similar is because they referred to (and in some instances copied and pasted directly from) the previous notes made by their colleagues. The consistency in the notes does not evidence

³⁶ Referring to the Australian Law Reform Commission’s *Uniform Evidence Law Report 102* at 9.1, accessed on 25 February 2026 at <https://www.alrc.gov.au/publication/uniform-evidence-law-alrc-report-102/9-the-opinion-rule-and-its-exceptions/introduction-165/>.

³⁷ Accessed on 25 February 2026 at https://www.chcs.org/media/Words-Matter-Strategies-to-Reduce-Bias-in-Electronic-Health-Records_102022.pdf.

³⁸ Applicant’s submission dated 24 July 2025 in response to OIC’s preliminary view dated 23 July 2025.

³⁹ Summarising from notes of conversations on 28 August 2025 and 23 October 2025 which were subsequently confirmed with the applicant by correspondence dated 21 January 2026 and 5 February 2026.

what truly happened, but rather, arises because each subsequent note is interpreted through a '*biased framework*'.⁴⁰

- If she cannot trust that her records will be made appropriately, she will be prevented from accessing healthcare in future.
- There are systemic issues at the Health Service that lend credibility to her concerns about the validity of her records.
- That a false record had been made of another conversation she had with the Health Service.
- That the Health Service had breached her privacy and was bullying her because of the complaint-making process.
- A medical record is of the most sensitive type of personal information. It should be objective and based in reality. Political information does not belong on a medical record. She is concerned that people make assumptions about her when they read her records and this affects her medical treatment.
- Her evidence about what was said should be given as much weight as that of the health professionals. Her evidence is her complaint to the Health Service, her complaint to the Ombudsman and the fact that she has applied for external review.
- Her call to complain may have been made to the Health Service before the records were made on the day of her attendance at hospital.
- She wants the record deleted or overwritten, not a notation added.

24. In a written submission to OIC dated 28 August 2025 the applicant:

- provided evidence of specific issues that had been reported at the hospital which she attended in 2018, 2022 and 2023, including media articles citing reports of bullying, harassment, fatigue, error and drug mishandling
- explained that her evidence of the inaccuracy of the records is demonstrated by her complaints to Clinical Governance and OHO about the matter and the evidence of the above issues at the hospital
- reiterated her concerns that the records are erroneous and will negatively affect her future care
- referred to the National Code of Conduct for Health Care Workers (Queensland) requirement for records to be appropriate,⁴¹ and submitted that recording her political opinion was not appropriate
- asked us to consider whether there is an increase in people making complaints about the Health Service's records; and
- explained that her preference would be to overwrite, redact, edit or rewrite the record, rather than making a notation.

Submissions of the Health Service

25. The Health Service's original decision-maker noted:⁴²

I have made enquiries which have revealed the documents accurately reflect the author's views and recount of treatment provided at the time of creation therefore I have formed the view that the information is not inaccurate or misleading and is a true reflection of the author's notes made at the time.

26. OIC requested this information on review, and the Health Service provided a copy of an email dated 30 May 2025 from a Clinical Director in the Health Service who had '*spoken*

⁴⁰ Clarified by email dated 5 February 2026.

⁴¹ Clause 15 of the National Code of Conduct for Health Care Workers (Queensland) states '*Health care workers to keep appropriate records 1) A health care worker must maintain accurate, legible and up-to-date clinical records for each client consultation...*'.

⁴² Decision dated 4 June 2025.

*individually to each of the clinicians involved and they all confirm their documentation was accurately held and accurately entered into the medical record.*⁴³

27. OIC also requested a copy of the Health Service's record of the applicant's original complaint to Clinical Governance immediately after her hospital attendance. A Clinical Governance Facilitator responded that searches were conducted and '*our unit does not hold any documents regarding the alleged feedback received on 12 November 2024*'.⁴⁴

Findings

28. There is no dispute that the applicant has had access to her health records and that these records comprise her '*personal information*';⁴⁵ essential prerequisites to seeking amendment.
29. As set out at paragraph 14 above, in considering whether to exercise discretion to amend a record, it is relevant to consider whether the record serves a continuing purpose. I take seriously the applicant's concerns that the information will be relied on in future. I consider that it is likely that if the applicant attends the Health Service facilities again, reference will be made to the record. This is evidenced in part by the internal cross-references within the record itself.
30. I acknowledge the applicant's concern that if false information is recorded by one member of staff, it is then likely to be relied upon by other staff. This is why there are strict obligations on health professionals to accurately record information. The records in issue themselves show that the notes made by RN1 and RN2 of the applicant's attendance and phone calls were subsequently relied on by six other staff members to make decisions about her treatment.
31. The *Public Records Act 2023* (Qld) (**PR Act**) requires public authorities to ensure public records are made in a way that accurately shows the matters that inform or contextualise the actions or decisions of the authority.⁴⁶ Making and keeping accurate public records is important for ensuring the integrity, accountability and good governance of public authorities.⁴⁷
32. Under the National Privacy Principles that applied to the Health Service at the time of the applicant's hospital attendance, the staff were under a duty to take all reasonable steps to ensure that her personal information was accurate, complete, up to date and not misleading.⁴⁸
33. Nurses' professional obligations include clearly and accurately communicating relevant and timely information to colleagues⁴⁹ and maintaining accurate, comprehensive and timely documentation of assessments.⁵⁰ Psychologists are also obliged to report

⁴³ Email from the Health Service to OIC dated 17 December 2025.

⁴⁴ Email to OIC dated 21 January 2026.

⁴⁵ Section 44(1) As there is also no dispute that the health records comprise a functional record, it is unnecessary to consider section 72(1)(b) of the IP Act in this decision.

⁴⁶ Section 14(1) of the PR Act.

⁴⁷ Section 4 and schedule 1, part 2, item 6 of the PR Act.

⁴⁸ Section 31 and National Privacy Principles 3 and 7 in Schedule 4 of the IP Act.

⁴⁹ Section 3.3(d) and (e) of the *Code of Conduct for Nurses*, effective 1 March 2018 (Nursing and Midwifery Board AHPRA) accessed on 27 February 2026 at <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx>.

⁵⁰ Clause 1.6 of the *Registered Nurse Standards for Practice* (Nursing and Midwifery Board of Australia), effective 1 June 2016 accessed on 27 February 2026 at <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards.aspx>.

assessment results appropriately and accurately.⁵¹ Doctors are required to keep accurate and up to date records and be honest and not misleading when writing reports.⁵²

34. These obligations must be taken seriously as they have ramifications for patients' diagnoses and treatment. Health professionals are in a position of power relative to a patient; they decide what information is recorded in official government documents and the way in which the information is recorded.
35. The applicant drew particular attention to one of the objects of the IP Act—the '*fair collection and handling in the public sector environment of personal information*'.⁵³ 'Fair' means '*free from bias, dishonesty, or injustice*'.⁵⁴ The applicant submits she was not treated equally and that the Health Service was biased in her treatment.
36. An issue of particular concern to the applicant was the recording of information about political matters. I have considered whether recording this information in the applicant's medical record is misleading. It is recognised in section 10 of the *Mental Health Act 2016* (Qld) that:

(2) ... a person must not be considered to have a mental illness merely because—
(a) the person holds or refuses to hold a particular religious, cultural, philosophical or political belief or opinion...
37. However, this does not prevent the recording of such information as part of a broader consideration of a patient's presentation. I expect this is of particular relevance in the field of mental health, where diagnoses are made in part based on the presentation of the patient, which involves a level of inference being made by the health professional. Thought form and content are relevant to an assessment of a patient's mental state.⁵⁵
38. The applicant indicates a specific passage in the Triage Screen in which a diagnostic term appears to be based on political statements made by the applicant. The applicant provides some credible evidence to demonstrate the basis for the political view. The applicant seems to suggest that if the political view is correct, the diagnostic observation is incorrect. However, as set out in paragraph 37, there is a level of inference being made by RN1 which relates to more than just the accuracy of the applicant's words; it is also based on the presentation of the patient's thought form and content. The fact that a political opinion may be reasonably held does not mean that it is misleading or inaccurate to link that opinion to an overall diagnostic observation which includes other subject matter and behavioural observations.
39. The applicant also suggested that the record of her interaction with hospital staff was biased because of her gender. In support of this statement the applicant provided an American source which suggested that the use of quotation marks when recording an interaction with a patient may indicate disbelief.⁵⁶ In 2024, the year in which the record was created, the Australian Government's National Women's Health Advisory Council

⁵¹ Clause B.13.5 of the *Australian Psychological Society's Code of Ethics* accessed on 27 February 2026 at <https://psychology.org.au/getmedia/d873e0db-7490-46de-bb57-c31bb1553025/aps-code-of-ethics.pdf> which applied at the time the records were created in this matter.

⁵² Clauses 10.5.1 and 10.9.1 of the *Code of Conduct for Doctors in Australia* (Medical Board), effective 1 October 2020, accessed on 27 February 2026 at <https://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx>.

⁵³ Section 3(1)(a) of the IP Act.

⁵⁴ *Macquarie Dictionary* (online at 8 January 2026) 'fair' (def 1).

⁵⁵ Primary Clinical Care Manual of the Royal Flying Doctor Service published by the Queensland Government (10th ed. 2019), page 454.

⁵⁶ See footnote 37 above.

reported evidence to suggest that gender bias is an issue in healthcare in Australia.⁵⁷ I have carefully considered the records in issue in this matter and I note that they do use quotes in some instances. It is possible, as the applicant suggests, that this indicates a dismissive approach to the applicant. However, where the Clinical Director spoke individually to each of the clinicians involved who confirmed their documentation was accurately held and accurately entered, and in the context of the serious professional obligations set out above, I consider it is more likely that the author sought to convey the information inside the quotation marks as precisely as possible, which may be clinically relevant as set out in paragraph 37 above, rather than to indicate disbelief due to any gender bias.

40. As requested by the applicant, I considered whether there was any evidence outside of her specific case to suggest systemic concerns about the Health Service that would lend credibility to her concerns. The applicant provided evidence of broader concerns about bullying, harassment, fatigue, error and drug mishandling at the hospital which she attended. These reports came from 2018, 2022 and 2023. The specific issues identified were not directly relevant to the applicant's circumstances, ie. falsifying records. I also considered the total number of applications for amendment as reported by the Department of Justice and Attorney-General and did not observe any particular increase in those made to the hospital in question, nor any significant difference in scale when compared to other health services.⁵⁸
41. The issue of whether one person's note of a conversation is correct frequently arises in amendment applications. In OIC's decision *G78QTW and Department of Education* [2019] QICmr 5 (20 February 2019) (**G78QTW**), the Assistant Commissioner noted that a record of a meeting:⁵⁹

... is necessarily reliant on the [author's] recollection of the discussion, understanding of matters discussed ... opinions regarding which aspects of the discussion required or warranted recording, and manner of expression, in terms of summarising these aspects. It cannot, in my opinion, be divorced from the perspective of its author.

... is reliant on the [author's] recollection and understanding of the conversations, opinions regarding which aspects of the discussion should be recorded, and manner of expression.

42. The definition of 'personal information' in the IP Act itself refers to '**information or an opinion... whether true or not**' [my emphasis].
43. The applicant submits that the opinions recorded in her records were based on erroneous facts, referring to the case of *AD6L9H* in which the Information Commissioner acknowledged that:

*A statement of opinion may be 'inaccurate' if it can be demonstrated that it was based on information that is subsequently shown to be incorrect, even where that opinion was genuinely held.*⁶⁰

44. However, the Information Commissioner immediately qualified this by explaining:

⁵⁷ Part 2, *Key Findings* in the National Women's Health Advisory Council's *#EndGenderBias Survey Detailed Report, 2024*, accessed on 25 February 2026 at https://www.health.gov.au/sites/default/files/2025-01/endgenderbias-survey-results-detailed-report_0.pdf.

⁵⁸ Right to Information and Information Privacy Annual Reports accessed on 27 February 2026 at <https://www.rti.qld.gov.au/accessing-government-information/annual-reports-rti>. The relevant hospital had one amendment application in 2021-22 and no amendment applications in 2022-23 or 2023-24.

⁵⁹ At [32] and [63]. The Queensland Civil and Administrative Tribunal did not grant leave to appeal this decision – see *Purrer*.

⁶⁰ *AD6L9H* at [15] citing *Crewsdon* at [36].

Amendment provisions do not, however, extend to determining disputed questions of opinion where the recorded opinion was 'actually held and accurately entered in the official records'.⁶¹

45. Therefore, the relevant question is whether the opinions were actually held and accurately entered. Where there is no direct evidence such as a recording of the actual conversation, the relevant exercise is one of comparing the indirect sources of evidence. I consider it is consistent with the objects of the IP Act, eg. the fair collection and handling of information, and the pro-amendment bias, to reach a conclusion about whether the records were of opinions actually held and accurately entered, based on the balance of probabilities.⁶²
46. I acknowledge that the applicant has a different recollection of her interactions with the Health Service, and she states she immediately contacted the Health Service to record concerns about her experience and subsequently made a complaint to OHO, noting that the relevant RN seemed '*very defensive and stressed*'. The applicant submits that the records may not have been made accurately due to stress or in an effort to protect staff.⁶³
47. To the extent that the applicant's submissions relate to her concerns about the quality of the health care provided, it is not the purpose of the amendment provisions to review the merits or validity of official action or to correct any perceived deficiencies in agency conduct or investigate such matters.⁶⁴ Having considered the evidence provided by the applicant about concerns at the hospital more generally, I do not consider that there is a sufficient nexus between any of those concerns and the issues raised by the applicant in this review. Therefore, I do not consider these other issues are evidence that the records in issue in this matter are inaccurate, incomplete, out of date or misleading. The hospital does not appear to have a higher than usual number of amendment applications that would indicate a specific recordkeeping accuracy issue.
48. I accept that there is evidence that the applicant was immediately concerned about the interaction at the hospital (even before she had seen the records), as demonstrated by her telephone calls to the hospital and complaint to OHO. The applicant submits that this demonstrates that staff members may have created a false record to protect themselves.⁶⁵ While this is possible, I do not consider that it is likely, for the reasons set out below.
49. Against this, the two RNs who had direct interactions with the applicant are under strict professional obligations to record these interactions accurately. The records were made on the same day as the applicant's attendance and phone calls, or the date of the team meeting. Observations recorded about the applicant's political views do not themselves evidence bias, or demonstrate that the records are misleading, as they may be relevant to an assessment of the applicant's mental health.
50. The records made by the two different RNs are consistent, ie. the records are not based on the observations of one person only. As set out in paragraph 30, I acknowledge the applicant's concerns that the information was consistent because of the cross-referencing between the records, however, part of the purpose of a medical record is to provide information to subsequent health professionals involved in a patient's care, therefore, this is to be expected in records of this nature. I consider some weight is still attributable to the consistency of records made by two separate professionals who are under strict obligations to record information accurately. As set out in *G78QTW*, the

⁶¹ *Crewsdon* at [34].

⁶² *3DT2GH* at [26] and *U5OR8D and Department of Justice and Attorney-General* [2018] QICmr [18] (19 April 2018) at [23].

⁶³ Applicant's submission dated 24 July 2025 in response to OIC's preliminary view dated 23 July 2025.

⁶⁴ As set out at paragraph 15 above.

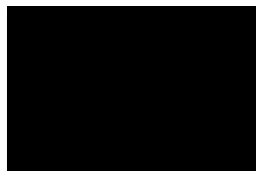
⁶⁵ Applicant's submission dated 24 July 2025 in response to OIC's preliminary view dated 23 July 2025.

records are necessarily one person's opinion about which aspects of the interaction required reporting and involve a degree of the authors' perspectives. A senior member of staff has since individually consulted each of the health professionals involved in making notes on the record and they have confirmed that their documented opinion was accurately held and entered.

51. I acknowledge that it is difficult for the applicant to prove that records are inaccurate, incomplete, out of date or misleading. However, the information provided by the applicant has been thoroughly considered, and further enquiries have been made with the Health Service. In the circumstances of this matter, on the balance of probabilities, I am satisfied that the evidence supporting the veracity of the records outweighs the evidence against. The Health Service records were made by multiple people governed by professional and legal obligations who recorded internally consistent information. While I am cognisant that the applicant has genuine concerns about the contents of her medical records, I am not persuaded that the applicant has demonstrated the record is inaccurate, incomplete, out of date or misleading or that opinions were not actually held and accurately entered. Therefore, amendment may be refused on the basis that the medical records outlined at paragraph 19 above are not inaccurate, incomplete, out of date or misleading.

DECISION

52. For the reasons set out above, I affirm the reviewable decision and find that amendment may be refused under section 72(1)(a)(i) of the IP Act because on the balance of probabilities, I am not satisfied that the records outlined in paragraph 19 are inaccurate, incomplete, out of date or misleading.
53. I have made this decision under section 123(1)(a) of the IP Act as a delegate of the Information Commissioner, under section 139 of the IP Act.



Victoria Corby
Assistant Information Commissioner

Date: 12 March 2026