



Decision and Reasons for Decision

Citation:	F98 and Metro North Hospital and Health Service QICmr 14 (18 March 2020)
Application Number:	314517
Applicant:	F98
Respondent:	Metro North Hospital and Health Service
Decision Date:	18 March 2020
Catchwords:	ADMINISTRATIVE LAW – RIGHT TO INFORMATION – REFUSAL OF ACCESS – CONTRARY TO PUBLIC INTEREST INFORMATION – medical records – information provided by other individuals during applicant’s medical treatment – whether disclosure would, on balance, be contrary to the public interest – whether access to information may be refused 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)

REASONS FOR DECISION

Summary

1. The applicant applied¹ to the Metro North Hospital and Health Service (**Health Service**) under the *Information Privacy Act 2009* (Qld) (**IP Act**) for access to her entire medical record.
2. The Health Service located a total of 322 pages of information consisting of the applicant’s entire medical file² and gave access to 276 pages and parts of 45 pages.³ The Health Service decided⁴ to refuse access to the rest of the 45 pages and one further page on the basis that their disclosure would, on balance, be contrary to the public interest.
3. The applicant applied⁵ to the Office of the Information Commissioner (**OIC**) for external review of the Health Service’s decision.

¹ Access application dated 24 January 2019.

² Consisting of 176 pages from Prince Charles Hospital, 14 pages from Pine Rivers Community and Mental Health Service, and 132 pages from the Consumer Integrated Mental Health Application (**CIMHA**).

³ While the Health Service’s decision states that full access was given to 275 pages and partial access given to 47 pages, I am satisfied, on my assessment of the pages considered in the Health Service’s decision, that full access was given to 276 pages and partial access to was given to 45 pages.

⁴ Decision dated 22 February 2019.

⁵ External review application dated 19 March 2019.

4. For the reasons set out below, I affirm the Health Service's decision and find that access to the information in issue may be refused on the ground that its disclosure would, on balance, be contrary to the public interest.

Background

5. Significant procedural steps are set out in the Appendix.

Reviewable decision

6. The decision under review is the Health Service's decision dated 22 February 2019.

Evidence considered

7. The applicant provided OIC with extensive submissions⁶ in support of her case. While I have carefully considered all of the applicant's submissions, not all matters raised are relevant to the issues for determination in this review. Accordingly, in this decision, I have addressed the applicant's submissions to the extent they are relevant to the issue for determination.
8. The evidence, submissions, legislation and other material considered in reaching this decision are disclosed in these reasons (including footnotes and Appendix).
9. I have also had regard to the *Human Rights Act 2019* (Qld) (**HR Act**), particularly the right to seek and receive information.⁷ I consider that a decision-maker will, when observing and applying the law prescribed in the IP Act, be '*respecting and acting compatibly with*' this right and others prescribed in the HR Act.⁸ I consider that I have done so in making this decision, and that I have therefore acted compatibly with, and given proper consideration to, relevant human rights.⁹ In this regard, I note Bell J's observations on the interaction between the Victorian equivalents of Queensland's RTI and IP Acts and HR Act: '*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

Information in Issue

10. The **Information in Issue** comprises one full page and parts of 44 pages.¹¹
11. While I am precluded from describing the Information in Issue in detail,¹² I can confirm that it appears in the applicant's medical records and, in a general sense, was provided to the Health Service by individuals other than the applicant for the purpose of the care and treatment of the applicant. It comprises information provided by these individuals,

⁶ In the external review application dated 19 March 2019, by telephone on 11 and 31 July 2019, and emails dated 1, 15, 16, 23 (three emails) and 26 April 2019, 17 and 18 July 2019, 17 September 2019, 16 December 2019 and 7 and 20 January 2020.

⁷ Section 21 of the HR Act.

⁸ See *XYZ v Victoria Police (General)* [2010] VCAT 255 (16 March 2010) (**XYZ**) at [573] and *Horrocks v Department of Justice (General)* [2012] VCAT 241 (2 March 2012) at [11].

⁹ As required by section 58(1) of the HR Act.

¹⁰ *XYZ* at [573].

¹¹ The Health Service's decision refused access to page 127 and parts of pages 1, 3, 6, 105, 117, 128-130, 137 and 142-143 of the 176 pages from Prince Charles Hospital; and parts of pages 1-3, 14, 19, 28, 37, 58, 61-63, 65-67, 71, 86, 88, 90, 92, 97, 104, 106-110, 115-117, 120, 122-123 and 128-129 of the 132 pages from the CIMHA. On external review, the applicant advised OIC that she did not seek access to other individuals' private personal information. Accordingly, OIC's letter to the applicant dated 14 January 2020 confirmed that page 129 of the 176 pages from the Prince Charles Hospital was no longer in issue, as the sole segment of information refused by the Health Service on that page was the mobile telephone number of another individual.

¹² Section 121(3) of the IP Act.

such as their names, relationship to applicant and contact details, and their opinions, observations, experiences and/or concerns relating to the applicant.

Issue for determination

12. The issue for determination in this review is whether access to the Information in Issue may be refused on the ground that its disclosure would, on balance, be contrary to the public interest.
13. Before addressing this issue, I will first deal with a preliminary issue raised by the applicant's submissions.

Preliminary issue

14. The applicant has submitted¹³ that I have displayed bias against her as my preliminary view failed to take into account, or assign significant weight to, her submission that the Information in Issue comprises false information which was provided maliciously, with the intention of harming her.
15. I have carefully considered these submissions, alongside the High Court's test for assessing apprehended bias for a decision maker. The High Court's test requires consideration of '*if a fair-minded lay observer might reasonably apprehend that the judge might not bring an impartial and unprejudiced mind to the resolution of the question the judge is required to decide*'.¹⁴ The High Court has also noted that '[t]he question of whether a fair-minded lay observer might reasonably apprehend a lack of impartiality with respect to the decision to be made is largely a factual one, albeit one which it is necessary to consider in the legal, statutory and factual contexts in which the decision is made'.¹⁵
16. I consider that my express advice to the applicant that she could respond to my preliminary view, and provide additional information supporting her case, which would be considered and may influence the outcome, demonstrates that I was not so committed to my preliminary view that my conclusion was already formed and incapable of alteration, whatever evidence or arguments may be presented by her.¹⁶ In identifying and weighing relevant public interest factors, my preliminary views¹⁷ took into account the submissions received from the applicant at that time. This decision takes into account the same submissions, and the further submissions from the applicant since I issued the preliminary view.
17. The fact that my preliminary view and this decision do not adopt the applicant's views regarding which factors are relevant and what weight should be afforded to them does not, of itself, demonstrate bias against the applicant. I have reviewed the entirety of the applicant's submissions and carefully considered them to the extent they are relevant to the issue for determination. Apart from this external review and another external review,¹⁸ I have not to my knowledge dealt with the applicant in any capacity, and cannot identify any conflict of interest in my dealing with her external reviews. Further, I do not consider that the fact that the applicant has made allegations of bias has altered my conduct of the review or consideration of the matters addressed in this decision in any way. In these

¹³ Emails dated 7 and 20 January 2020.

¹⁴ *Ebner v Official Trustee in Bankruptcy* (2000) 205 CLR 337 at [6] per Gleeson CJ, McHugh, Gummow and Hayne JJ. See also *Michael Wilson & Partners Limited v Nicholls* (2011) 244 CLR 427 at [31] per Gummow ACJ, Hayne, Crennan and Bell JJ.

¹⁵ *Isbester v Knox City Council* (2015) 255 CLR 135 at [20] per Keifel, Bell, Keane and Nettle JJ.

¹⁶ With reference to the test for prejudgment noted in *Minister for Immigration v Jia Le Geng* (2001) 205 CLR 507 at [72] per Gleeson CJ and Gummow J.

¹⁷ Dated 19 December 2019 and 14 January 2020.

¹⁸ External review 314537, which was finalised under section 103(4) of the IP Act on 6 November 2019.

circumstances, paraphrasing the High Court's test, I am unable to identify any basis for finding that a fair-minded lay observer might reasonably apprehend that I¹⁹ might not bring an impartial and unprejudiced mind to the resolution of this matter.

Would disclosure of the Information be contrary to the public interest?

Relevant law

18. The IP Act confers on an individual a right to access documents of an agency, to the extent the documents contain the individual's personal information.²⁰ However this right of access is subject to certain limitations, including grounds for refusal of access.²¹ One such ground is that access to information may be refused to the extent it comprises information the disclosure of which would, on balance, be contrary to the public interest.²²
19. The term '*public interest*' refers to considerations affecting the good order and functioning of the community and government affairs for the wellbeing of citizens. This means that, in general, a public interest consideration is one which is common to all members of, or a substantial segment of the community, as distinct from matters that concern purely private or personal interests.²³
20. In assessing whether disclosure of information would, on balance, be contrary to the public interest, a decision maker must:²⁴
 - identify factors irrelevant to the public interest and disregard them
 - identify factors in favour of disclosure of information
 - identify factors in favour of nondisclosure of information; and
 - decide whether, on balance, disclosure of the information would be contrary to the public interest.

Applicant's submissions

21. The applicant submits that she seeks the Information in Issue in order to demonstrate her belief that the Health Service acted on false information provided by two individuals for malicious purposes, with the intention of causing harm to the applicant.²⁵ In seeking an external review of the Health Service's decision to refuse access to the Information in Issue, the applicant submitted:²⁶

This has been an horrific and absolutly [sic] terrifying time for me the last year since MH became involved in my life I was assaulted , [sic] drugged so heavily and locked up for doing nothing just stories it seems from other people who do not know me or much about my life I have never done anything to indicate that I have ever had any sort of mental illness.

.....

This is a terrible thing to do ask people to give information about me and tell them I wont [sic] find out what they have said.

22. In addition, the applicant submits that, without full access to the Information in Issue she

¹⁹ As a delegate of the Information Commissioner under section 139 of the IP Act.

²⁰ Section 40 of the IP Act.

²¹ Grounds for refusal of access are set out in section 47 of the *Right to Information Act 2009* (Qld) (**RTI Act**). Section 67(1) of the IP Act provides that an agency may refuse access to a document in the same way and to the same extent it could refuse access to the document under section 47 of the RTI Act were the document to be the subject of an access application under the RTI Act.

²² Section 47(3)(b) of the RTI Act.

²³ However, there are some recognised public interest considerations that may apply for the benefit of an individual.

²⁴ Section 49(3) of the RTI Act. Schedule 4 of the RTI Act contains non-exhaustive lists of factors that may be relevant in determining where the balance of the public interest lies in a particular case.

²⁵ One of two emails from the applicant dated 20 January 2020, both sent at 11:11am.

²⁶ External review application dated 19 March 2019.

is unable to finish her complaints to the Australian Health Practitioners Regulation Authority (**AHPRA**) about a Health Service officer. The applicant believes the information will reveal that the officer acted criminally. The applicant states that '*AHPRA have that complaint on hold until I can come [sic] complete that complaint*'.²⁷

Findings

23. I have kept in mind the IP Act's pro-disclosure bias²⁸ and Parliament's intention that grounds for refusing access to information be interpreted narrowly.²⁹ Also, in my below assessment of whether disclosure of the Information in Issue would, on balance, be contrary to the public interest, I have carefully considered the non-exhaustive lists of factors in schedule 4, and also considered whether any other public interest factors are relevant.
24. I have not taken into account any irrelevant factors in making this decision.³⁰

Factors favouring disclosure

25. The Information in Issue comprises information provided by others to the Health Service about the applicant and therefore comprises the applicant's personal information.³¹ The RTI Act recognises this as a disclosure factor.³² As the information comprises part of the applicant's medical record, I consider this factor warrants significant weight.
26. The applicant has submitted that she was assaulted, drugged and held against her will by the Health Service on a particular date, and that she does not know the reason why. More specifically, the applicant has expressed concern that two undated pages from a Treatment Authority regarding a patient other than the applicant³³ which appear in her Prince Charles Hospital file³⁴ may have been taken into consideration in decisions about the applicant's admission and treatment by the Health Service in 2017, and subsequently by another health service in 2018. The two pages indicate that the other patient had experienced symptoms necessitating treatment as an inpatient.
27. I have considered these submissions as part of considering whether disclosure of the Information in Issue could reasonably be expected to:
- promote open discussion of public affairs and enhance the Government's accountability³⁵
 - inform the community of the Government's operations;³⁶ or
 - reveal reasons for a Government decision and any background or contextual information that informed the decision.³⁷
28. In terms of the applicant's concern that the two pages about the other patient may have influenced the Health Service's decisions about the applicant's admission and treatment

²⁷ One of two emails from the applicant dated 20 January 2020, both sent at 11:11am.

²⁸ Section 64 of the IP Act.

²⁹ Section 47(2) of the RTI Act.

³⁰ Section 49(3)(d) of the RTI Act.

³¹ 'Personal information' is defined in section 12 of the IP Act as '*information or an opinion ... whether true or not ... about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion.*'

³² Schedule 4, part 2, item 7 of the RTI Act.

³³ Pages 32 and 33 of the 176 page Prince Charles Hospital file are, respectively, pages 2 and 1 of a three page document titled '*CIMHA Form Id. [...] Treatment Authority*' for the other patient. The other patient is named on page 33.

³⁴ It appears that these two pages were misfiled on the applicant's file. There is no information before OIC, other than the applicant's statement that she received a written apology for this error, indicating what further steps, if any, were taken to address this apparent misfiling.

³⁵ Schedule 4, part 2, item 1 of the RTI Act.

³⁶ Schedule 4, part 2, item 3 of the RTI Act.

³⁷ Schedule 4, part 2, item 11 of the RTI Act.

in 2017, it is relevant to note that that the Information in Issue comprises information provided to the Health Service by third parties. It does not record any deliberations or decisions about the applicant by the Health Service's clinicians. Consequently, release of the Information in Issue could not be expected to reveal the influence, if any, of the two pages on the decisions made by the Health Service's clinicians about the applicant in 2017.³⁸ It follows that release of the Information in Issue could not be expected to reveal the influence, if any, of the two pages on decisions made by another health service's clinicians about the applicant in 2018.

29. In terms of the applicant's submission that she was assaulted, drugged and held against her will by the Health Service on the particular date, and does not know why, I acknowledge that the applicant's recollection of this period remains extremely distressing for her. Again, it is relevant to note that the Information in Issue comprises information provided to the Health Service by third parties – not deliberations or decisions about the applicant by the Health Service's clinicians. Further, it is relevant to note that only some of the Information in Issue was provided by third parties during the period when the applicant considers that she was assaulted, drugged and held against her will. Arguably, disclosing those portions of the Information in Issue would provide some background or contextual information that may have informed clinicians' considerations about the applicant's involuntary admission and treatment during that period. However, I am satisfied that the released information includes information which records the applicant being taken to hospital under an Emergency Examination Authority obtained by police on the date in question, and information which sets out the basis of, or reasons for, decisions which resulted in the applicant's involuntary admission to hospital.
30. Similarly, having carefully considered the entirety of the information which has been released to the applicant, I am satisfied that it records the basis of, or reasons for, the decision made by the Health Service's clinicians regarding the applicant's treatment and care. In light of the amount and nature of this information, and for the reasons noted at paragraphs 28 and 29 above, I do not consider that disclosure of the Information in Issue – that is, the Health Service's records of information provided to it by third parties – would advance the Health Service's accountability and transparency in any significant way, or add much to the applicant's understanding of the reasons for treatment decisions made about her. Consequently, while I accept that the abovementioned disclosure factors regarding accountability, government operations and background or contextual information³⁹ apply, I consider that they should only be afforded low to moderate weight in the circumstances of this review.
31. The applicant has also submitted that the Information in Issue was provided maliciously to the Health Service by third parties who intended harm to the applicant and contains false allegations about her. The applicant has further submitted that the Health Service knowingly used the false information to subject the applicant to involuntary treatment. I have therefore considered whether disclosing the Information in Issue could reasonably be expected to:
- allow or assist inquiry into possible deficiencies in the conduct or administration of an agency or official⁴⁰
 - reveal or substantiate that an agency or official has engaged in misconduct or negligent, improper or unlawful conduct;⁴¹ or

³⁸ For sake of completeness, I note that any such influence could reasonably be expected to be apparent in the 276 pages and 45 part pages released to the applicant. Having examined this information, I cannot discern any material which explicitly takes the two pages into account, or could be construed as implicitly accepting or relying on these pages.

³⁹ Schedule 4, part 2, items 1, 3 and 11 of the RTI Act.

⁴⁰ Schedule 4, part 2, item 5 of the RTI Act.

⁴¹ Schedule 4, part 2, item 6 of the RTI Act.

- reveal that information is incorrect, misleading or unfairly subjective.⁴²
32. As noted previously, the Information in Issue comprises information provided to the Health Service by third parties. It identifies the third parties (by recording their names, relationship to the applicant and/or contact details) and records comments made by them to the medical staff treating the applicant. The comments convey the third parties' opinions, observations, experiences and/or concerns relating to the applicant, and are necessarily subjective in nature, given they express the third parties' thoughts and, at times, emotions. There is nothing before me to suggest that the Information in Issue does not accurately reflect the third parties' comments. While I acknowledge that the applicant disagrees with what she anticipates the third parties' comments to be, there is nothing before me to support a finding that disclosure of the Information in Issue could reasonably be expected to reveal that it is incorrect, misleading or *unfairly* subjective. I am therefore satisfied that this disclosure factor⁴³ does not apply.
33. Nor, taking into account the small amount of Information in Issue and its nature (that is, third parties' comments), relative to the large amount of released information and its nature (that is, the rest of the Health Service's records regarding the applicant), can I discern any evidence that could be construed as supporting the applicant's contention that disclosure of the Information in Issue could assist to reveal any possible deficiencies in the conduct of any Health Service staff. Accordingly, I find that the disclosure factors regarding deficiencies in agency conduct⁴⁴ are not relevant.
34. The applicant has also contended that she requires the Information in Issue in order to complete her complaint about a Health Service officer made to AHPRA. However, I note that the applicant already is able to give AHPRA the released information – that is, the entirety of the Health Service's records about the applicant, except for information provided to the Health Service by third parties. I also note that AHPRA can obtain any information relevant to an investigation of a complaint, and therefore could obtain the Information in Issue⁴⁵ if it considered it necessary to do so. In these circumstances, I am unable to discern how disclosure of the Information in Issue could advance fair treatment or procedural fairness, or otherwise contribute to the administration or justice generally.⁴⁶ Further, on the material before me, I cannot identify how disclosure of the Information in Issue could assist the applicant to pursue a legal remedy related to her complaint to AHPRA, or evaluate whether such a remedy is available or worth pursuing,⁴⁷ and thereby contribute to the administration of justice for the applicant.⁴⁸ For these reasons, I consider that the disclosure factors relating to the administration of justice⁴⁹ are not relevant.
35. I have carefully considered all other factors listed in schedule 4, part 2 of the RTI Act, and also factors favour disclosure that are not listed in that part.⁵⁰ I have not identified any other disclosure factors as relevant to the circumstances of this review.

Factors favouring nondisclosure

36. The RTI Act recognises that disclosing an individual's personal information to someone

⁴² Schedule 4, part 2, item 12 of the RTI Act.

⁴³ Schedule 4, part 2, item 12 of the RTI Act.

⁴⁴ Schedule 4, part 2, items 5 and 6 of the RTI Act.

⁴⁵ Section 163 and section 1, part 1 of Schedule 5 of the *Health Practitioner Regulation National Law Act 2009* (Qld).

⁴⁶ Schedule 4, part 2, items 10 and 16 of the RTI Act.

⁴⁷ *Willsford and Brisbane City Council* (1996) 3 QAR 368 at [17].

⁴⁸ Schedule 4, part 2, item 17 of the RTI Act.

⁴⁹ Schedule 4, part 2, items 10, 16 and 17 of the RTI Act.

⁵⁰ Given, as noted at footnote 24 above, the factors listed in schedule 4 of the RTI Act are non-exhaustive.

else can reasonably be expected to cause a public interest harm⁵¹ and that a further factor favouring nondisclosure arises if disclosing information could reasonably be expected to prejudice the protection of an individual's right to privacy.⁵²

37. As noted at paragraph 32 above, the Information in Issue records third parties' opinions, observations, experiences and/or concerns relating to the applicant – and therefore records the third parties' thoughts and, at times, emotions. Accordingly, each piece of Information in Issue comprises the personal information of both the relevant third party and the applicant. These two types of personal information are intertwined with one another, and cannot be separated from each other.
38. I consider that disclosure of the the Information in Issue could reasonably be expected to prejudice the protection of the right to privacy of the third parties and cause a public interest harm by disclosing their personal information. Given the sensitive nature of the Information in Issue and the delicate context in which it appears, I afford significant weight to both of these factors.
39. The Information in Issue was provided by third parties to medical officers treating the applicant to assist them with the applicant's treatment and care during times the applicant was perceived to be in need of medical care. The RTI Act recognises:
- a factor favouring nondisclosure will arise where disclosing information could reasonably be expected to prejudice an agency's ability to obtain confidential information;⁵³ and
 - disclosing information could reasonably be expected to cause a public interest harm if:
 - the information consists of information of a confidential nature that was communicated in confidence; and
 - disclosing it could reasonably be expected to prejudice the future supply of information of this type.⁵⁴
40. Healthcare agencies such as the Health Service frequently rely on information provided by third parties to inform patient care and treatment. In some instances, the information is sought from the third party by the healthcare agency, and in other instances it is provided voluntarily. In both instances, it is reasonable to expect that, in the future, third parties may be deterred from providing this type of information if they are aware that it would be disclosed to the patient under the IP Act. This, in turn, could prejudice the ability of healthcare providers to effectively treat patients, by reducing the likelihood that they have all relevant information about the patient before them.
41. Taking into account the sensitivity of the information provided to the Health Service and the importance of this type of information for treating healthcare providers (so that they may, after assessing its accuracy and relevance, act on it where necessary), I consider the public interest harm arising from disclosure of the Information in Issue would be significant and accordingly afford the above nondisclosure factors significant weight.

Balancing the public interest

42. As outlined above, I afford the disclosure factors regarding accountability, government operations, and background or contextual information⁵⁵ moderate to low weight. I also

⁵¹ Schedule 4, part 4, section 6(1) of the RTI Act.

⁵² Schedule 4, part 3, item 3 of the RTI Act.

⁵³ Schedule 4, part 3, item 16 of the RTI Act.

⁵⁴ Schedule 4, part 4, section 8(1) of the RTI Act.

⁵⁵ Schedule 4, part 2, items 1, 3 and 11 of the RTI Act.

afford the disclosure factor concerning an applicant's personal information⁵⁶ significant weight.

43. On the other hand, I afford the nondisclosure factors regarding the personal information and privacy of other individuals⁵⁷ significant weight. In addition, I afford the factors favouring avoidance of prejudice or harm to the Health Service's ability to obtain confidential information⁵⁸ significant weight.
44. On balance, I consider the nondisclosure factors outweigh the disclosure factors in relation to the Information in Issue. Accordingly, I find that access to the Information in Issue may be refused on the ground that its disclosure would, on balance, be contrary to the public interest.⁵⁹

DECISION

45. For the reasons set out above, I affirm the Health Service's decision insofar as it relates to the Information in Issue, and find that access to the Information in Issue may be refused on the ground that its disclosure would, on balance, be contrary to the public interest.
46. I have made this decision as a delegate of the Information Commissioner, under section 139 of the IP Act.

A Rickard
Assistant Information Commissioner

Date: 18 March 2020

⁵⁶ Schedule 4, part 2, item 7 of the RTI Act.

⁵⁷ Schedule 4, part 3, item 3 of the RTI Act and part 4, section 6(1) of the RTI Act.

⁵⁸ Schedule 4, part 3, item 16 of the RTI Act and part 4, section 8(1) of the RTI Act.

⁵⁹ Under section 47(3)(b) and 49 of the RTI Act, in conjunction with section 67(1) of the IP Act.

APPENDIX**Significant procedural steps**

Date	Event
19 March 2019	OIC received the external review application.
21 March 2019	OIC notified the Health Service and the applicant that the application for external review had been received, and requested procedural documents from the Health Service.
26 March 2019	OIC received the requested documents from the Health Service.
1 April 2019	OIC received written submissions from the applicant by email.
15 April 2019	OIC received written submissions from the applicant by email.
16 April 2019	OIC received written submissions from the applicant by email.
23 April 2019	OIC received written submissions from the applicant by three emails.
26 April 2019	OIC received written submissions from the applicant by email.
14 May 2019	OIC notified the Health Service and the applicant that the application for external review had been accepted.
28 May 2019	OIC received the requested documents from the Health Service.
11 July 2019	OIC received oral submissions from the applicant by telephone.
17 and 18 July 2019	OIC received written submissions from the applicant by email.
31 July 2019	OIC received oral submissions from the applicant by telephone.
17 September 2019	OIC received written submissions from the applicant by email.
15 October 2019	OIC wrote to the Health Service requesting it consider releasing additional information to the applicant.
18 and 21 October 2019	OIC received oral submissions from the Health Service by telephone regarding OIC's request.
16 December 2019	OIC received written submissions from the applicant by email.
19 December 2019	OIC conveyed to the applicant a written preliminary view about the Information in Issue. OIC invited the applicant, if she did not accept the preliminary view, to provide submissions in response.
7 January 2020	OIC received by email from the applicant notification that the applicant did not accept the preliminary view, together with further written submissions.
14 January 2020	OIC conveyed to the applicant a further written preliminary view about the Information in Issue. OIC invited the applicant, if she did not accept the further preliminary view, to provide submissions in response.
20 January 2020	OIC received by email from the applicant notification that she did not accept the further preliminary view, together with further written submissions.