



Office of the
Saskatchewan Information
and Privacy Commissioner

REVIEW REPORT 016-2016

Ministry of Health

June 8, 2016

Summary:

The Ministry of Health (Health) received a request for information regarding user-pay CT scans or MRIs in Saskatchewan. Responsive records included jurisdictional scans and analysis and briefing notes. Health applied subsections 13(1)(b), 13(2), 16(1)(a), 19(1)(b), 19(1)(c)(iii), 29(1) of *The Freedom of Information and Protection of Privacy Act* (FOIP) to the records. The Commissioner found that the majority of the exemptions did not apply and that Health did not respond to the Applicant within the legislated timelines.

I BACKGROUND

- [1] On December 24, 2014, the Ministry of Health (Health) received an access to information request for “All briefing notes, analysis and reports related to the adoption of or transition to user-pay CT scans or MRIs in Saskatchewan since January 1, 2013. Do not include email.” On January 16, 2015, Health provided a fee estimate to the Applicant. The Applicant paid a 50% deposit described in subsection 9(4) of *The Freedom of Information and Protection of Privacy Act* (FOIP) until September 28, 2015.
- [2] In a letter dated October 8, 2015 to the Applicant, Health acknowledged the deposit and notified that it would be extending the deadline to respond to October 31, 2015, pursuant to subsection 12(1)(a)(ii) of FOIP.

[3] On February 2, 2016, my office received a request for review from the Applicant. She had not yet received a response from Health. On February 4, 2016, we notified both Health and the Applicant of our intention to undertake a review.

[4] On February 5, 2016, Health provided a response to the Applicant. It provided records but withheld portions pursuant to subsections 13(1)(b), 13(2), 16(1)(a), 17(1)(a), 19(1)(b), 19(1)(c)(iii), 22(a), 22(b), 22(c) and 29(1) of FOIP. The Applicant requested that my office also review the application of the exemptions.

II RECORDS AT ISSUE

[5] Health released 107 pages to the Applicant with various redacted portions. For the purpose of this review, the Applicant has narrowed it to 41 pages of the record which are summarized in the table below.

Page	Pages of Original Record	Description	Exemptions
1-19	6-24	Jurisdictional Scans (5)	13(1)(b), 17(1)(a), 19(1)(c)(iii)
20	25	Analysis of Jurisdictional Scans	17(1)(a)
21-26	26-31	Briefing Note	13(2), 16(1)(a), 17(1)(a), 19(1)(b), 19(1)(c)(iii), 29(1)
27-32	32-37	Briefing Note	13(2), 16(1)(a), 17(1)(a), 19(1)(b), 19(1)(c)(iii), 22
33-37	38-42	Briefing Note	13(2), 17(1)(a), 19(1)(b), 19(1)(c)(iii), 29(1)
38-41	43-46	Briefing Note	13(2), 16(1)(a), 17(1)(a), 19(1)(b), 19(1)(c)(iii), 22(a)

III DISCUSSION OF THE ISSUES

1. Did Health respond to the Applicant within the legislated timelines?

[6] Subsection 7(2) of FOIP requires government institutions to respond to access to information requests within 30 days after the request is made. Subsection 7(2) provides:

7(2) The head shall give written notice to the applicant within 30 days after the application is made:...

[7] Section 12 of FOIP enables government institutions to extend the 30 days prescribed in subsection 7(2) for a reasonable period not exceeding 30 days.

[8] Based on the information, it took Health 130 days to respond to this access to information request after the Applicant paid the deposit. Health's response time to these access requests exceeded the legislated timelines.

[9] In 2015, I issued 10 reports addressing 24 access to information requests to which Health had not responded within the legislated timelines. Most recently, on February 1, 2016, I released another report addressing five further access to information requests and another report on April 1, 2016 to which Health did not respond within the legislated timelines.

[10] When the Applicant requested these reviews from my office, she indicated that Health had indicated to her that the request was in the "approval stage" when she enquired about the status of the request.

[11] Since February 2015, I have been recommending that Health make changes to its process to be able to meet legislated timelines. More specifically, in February 2016, I recommended that Health change its process so that responses to access to information requests go through a consistent, streamlined process with no more than two or three approvers and continue with its plan to examine its process of responding to access requests that involve third parties.

[12] After receiving the access request, Health provided the Applicant with a fee estimate on January 16, 2015. The Applicant paid the deposit on September 28, 2015. Health extended the response time on October 31, 2015. Health indicated that it waived the remainder of the fees.

[13] Health's submission indicated that it has made several improvements to its process through Lean techniques. It also confirmed that it plans to work towards the recommendations I made in my last report. It also reported that as of June 3, 2016, 90% of access requests in process are scheduled to be completed within legislated timelines.

2. Does subsection 13(1)(b) of FOIP apply to the record?

[14] Subsection 13(1)(b) of FOIP states:

13(1) A head shall refuse to give access to information contained in a record that was obtained in confidence, implicitly or explicitly, from:

...

(b) the government of another province or territory of Canada, or its agencies, Crown corporations or other institutions;

[15] Health has applied subsection 13(1)(b) of FOIP to all of the severed portions of the summary documents (pages 1-19 of the record).

[16] This subsection applies when the following two part test is met:

1. Was the information obtained from the government of another province or territory of Canada, or its agencies, Crown corporations or other institutions?
2. Was the information obtained implicitly or explicitly in confidence?

[17] For the context of this exemption, my office has defined information as facts or knowledge provided or learned as a result of research or study. Obtained means to acquire in any way; to get possession of; to procure or to get a hold of by effort. In Health's submission, it advised that a Ministry official created these records by summarizing specific telephone conversations with his counterparts in three other provinces. Upon review of the record, most of the severed information was obtained

from governments of other provinces of Canada. The first part of the test is met except where it is marked that information was obtained through follow up research.

[18] To receive information implicitly in confidence means that the confidentiality is understood even though there is no actual statement of confidentiality, agreement, or other physical evidence of the understanding that the information will be kept confidential. Some factors to consider when determining whether information was obtained in confidence implicitly include:

- Whether the information was communicated to the public body on the basis that it was confidential and that it was to be kept confidential;
- Whether the information was treated consistently in a manner that indicates a concern for its protection from disclosure prior to being communicated to the public body;
- Whether the information was not otherwise disclosed or available from sources to which the public has access; or
- Whether the information was prepared for a purpose that would not entail disclosure.

[19] In its submission, Health indicated that the Ministry official who obtained the information from the other provinces did so implicitly in confidence. A Ministry official had telephone conversations with each province for the purpose of creating these documents. Health stated “Much of the discussion involved each jurisdictions particular experience with private pay MRI, which went well-beyond publically available documents and was considered, during the time of the call, ‘off the record’. The redacted information was communicated to the Ministry on the basis that it was confidential and is not otherwise disclosed or available from sources to which the public has access.” The Ministry also indicated that intergovernmental discussions of this sort usually occur implicitly in confidence.

[20] I can accept that exchanges of this kind between Ministries in different provinces are done implicitly in confidence. However, the best practice for government officials would be to explicitly confirm that a conversation will occur in confidence prior to the exchange

of information. I am persuaded that subsection 13(1)(b) of FOIP applies to the majority of the 19 pages of the record.

[21] However, there are portions of the record that indicate information was obtained through “follow up research”. This research occurred outside of the conversations referenced by Health. Therefore, I am not persuaded that this research was obtained in confidence and subsection 13(1)(b) of FOIP does not apply. Health should release these portions to the Applicant.

3. Does subsection 17(1)(a) of FOIP apply to the record?

[22] Health has applied this exemption to many portions of the record. Subsection 17(1)(a) of FOIP states:

17(1) Subject to subsection (2), a head may refuse to give access to a record that could reasonably be expected to disclose:

(a) advice, proposals, recommendations, analyses or policy options developed by or for a government institution or a member of the Executive Council;

[23] This exemption is meant to allow for candor during the policy-making process, rather than providing for the non-disclosure of all forms of advice. In order to qualify for this exemption, the record must meet the following three part test:

1. Does the information qualify as advice, proposals, recommendations, analyses or policy options?
2. The advice, recommendations, proposals, analyses and/or policy options must:
 - i. must be either sought, expected, or be part of the responsibility of the person who prepared the record; and
 - ii. be prepared for the purpose of doing something, for example, taking an action or making a decision; and
 - iii. involve or be intended for someone who can take or implement the action.
3. Was the advice, recommendations, analyses and/or policy options developed by or for a government institution or a member of the Executive Council?

[24] Advice includes the analysis of a situation or issue that may require action and the presentation of options for future action, but not the presentation of facts. Advice has a broader meaning than recommendations. Recommendations relate to a suggested course of action as well as the rationale for a suggested course of action. Recommendations are generally more explicit and pointed than advice. Proposals, analyses and policy options are closely related to advice and recommendations and refer to the concise setting out of the advantages and disadvantages of particular courses of action.

Jurisdictional Scans

[25] Health's submission indicated that the information in the jurisdictional scans qualify as analysis for the purpose of subsection 17(1)(a) of FOIP. Upon review, the majority of the information withheld from these scans appear to be answers of three other provinces to Health's questions. I have found that the majority of the answers qualify for exemption under subsection 13(1)(b) of FOIP, except for what was obtained through research outside of the telephone conversations referenced in Health's submission. Health did not withhold the questions themselves. The extra research would not qualify as analysis; but instead fall into the realm of general information or fact. Under its submission for a different exemption, Health even referred to these portions of the record as "facts and knowledge were learned as a result of research." The extra research in the jurisdictional scans do not qualify as analysis for the purposes of subsection 17(1)(a) of FOIP.

Analysis following Jurisdictional Scans

[26] Health submits that the severed portions of page 20 qualify as analyses. Upon review of this document, I agree that it would qualify as analyses. Health indicated that these analyses was created by the Ministry to assist senior officials of the Ministry in determining direction and next steps regarding privately paid diagnostic imaging services. As such, I am satisfied that it meets the second and third parts of the test. Subsection 17(1)(a) of FOIP applies to the severed portions of page 20.

Briefing notes

- [27] Health has also applied subsection 17(1)(a) of FOIP to several portions of the briefing notes found on pages 21-41. The briefing notes are similar to each other and Health has redacted similar portions in each of the briefing notes.
- [28] I agree with Health's assessment that the text withheld under the headings "recommendation" and "options" would qualify as advice, recommendations, analyses or policy options. I also agree that the information withheld from the appendices also qualify.
- [29] However, I am not persuaded that all other portions of the record to which Health has applied subsection 17(1)(a) of FOIP would qualify as advice, proposals, recommendations, analyses or policy options. For example, the title or text under the heading "issue" of each briefing note would not qualify. These simply refer to the subject matter of the briefing notes. Health's submission states that by "releasing the name of the diagnostic imaging facility including the information surrounding this issue could reasonably identify the basis for the analysis or would permit the drawing of accurate inferences with respect to the information withheld." Each of the briefing notes deal with an application for a license under *The Health Facilities Licensing Act*. I note that section 9 of this Act requires licensees to display its license at the health facility. As such, ultimately, information about licenses granted under this Act is publically available. Further, disclosure of the issue as well as the ultimate outcome do not necessarily reveal the advice that is protected under subsection 17(1)(a) of FOIP. Each briefing note contains more than one option that qualifies for this exemption, as noted above. A decision maker may not necessarily follow the advice contained in the document. Subsection 17(1)(a) of FOIP does not apply to the titles and issue sections of the briefing notes.
- [30] Health has also applied this subsection to several portions of text under the headings "background", "analysis/implications" and "confidential/sensitive information". I agree that some of the withheld portions would qualify as advice, proposals, recommendations,

analyses or policy options. However, many of the portions are statements of fact. For example, statements about licenses granted under *The Health Facilities Licensing Act* are statements of fact. Information regarding the relationship between two third parties or a third party's pricing is also statements of fact.

[31] I specifically want to address one withheld statement that appears five times within the four briefing notes. Generally speaking, it states that there have been no reports from a certain stakeholder that there is a need for a certain service. On its own, it would qualify as general statements of fact and should be released. However, in one instance it appears after a sentence which gives specific legislative interpretation. In this circumstance, it qualifies as analysis.

[32] Health has indicated that all four briefing notes were prepared by senior Ministry officials for the Minister of Health surrounding issues to do with privately paid diagnostic imaging services. I am satisfied that the briefing notes meet the second and third parts of the test.

[33] Appendix A of this report indicates what I find to qualify for subsection 17(1)(a) of FOIP.

4. Does subsection 19(1)(c)(iii) of FOIP apply to the record?

[34] Subsection 19(1)(c)(iii) of FOIP states:

19(1) Subject to Part V and this section, a head shall refuse to give access to a record that contains:

...

(c) information, the disclosure of which could reasonably be expected to:

...

(iii) interfere with the contractual or other negotiations of;
a third party;

[35] To interfere with contractual or other negotiations means to obstruct or make much more difficult the negotiation of a contract or other sort of agreement involving a third party.

Jurisdictional Scans

- [36] Health applied subsection 19(1)(c)(iii) of FOIP to pages 1-19 of the record. Subsection 13(1)(b) of FOIP applies to the majority of the information in these scans with the exception of the information obtained through extra research.
- [37] As noted above in the analysis of the application of subsection 13(1)(b) of FOIP, Health has not provided sufficient information to demonstrate that the extra research was obtained in confidence.
- [38] Further, subsection 19(1)(c)(iii) of FOIP deals specifically with contractual or other negotiations. The Ministry indicated that release of the information “could be detrimental to future relationships.” This is not specific enough to qualify for this exemption. Subsection 19(1)(c)(iii) of FOIP does not apply to the jurisdictional scans.

Briefing Notes

- [39] Health has applied this exemption to the issue portion of all four briefing notes as well as four other portions of the last briefing note. In support of the application of subsection 19(1)(c)(iii) of FOIP, Health’s submission stated:

The information redacted pursuant to 19(1)(c)(iii) identifies information that if disclosed would represent a reasonable expectation of harm to the respective jurisdiction including harming the professional relationship between the facility and the Ministry of Health.

- [40] Again, Health has not identified specific contractual or other negotiations that might be impacted. Subsection 19(1)(c)(iii) of FOIP does not apply to the record.

5. Does subsection 19(1)(b) of FOIP apply to the record?

[41] Subsection 19(1)(b) of FOIP states:

19(1) Subject to Part V and this section, a head shall refuse to give access to a record that contains:

...

(b) financial, commercial, scientific, technical or labour relations information that is supplied in confidence, implicitly or explicitly, to a government institution by a third party;

[42] Health has applied subsection 19(1)(b) of FOIP to several portions of the briefing notes.

[43] My office has established a three part test for subsection 19(1)(b) of FOIP as follows:

- a. Is the information financial, commercial, scientific, technical or labour relations information?
- b. Was the information supplied by the third party to a public body?
- c. Was the information supplied in confidence implicitly or explicitly?

a. Is the information financial, commercial, scientific, technical or labour relations information?

[44] Health has applied subsection 19(1)(b) of FOIP to several types of information within the briefing notes. Its submission stated that in all cases the information would qualify as commercial information.

[45] My office has defined commercial information as information relating to the buying, selling or exchange of merchandise or services. Types of information in the definition of commercial information include:

- offers of products and services a third-party business proposes to supply or perform;
- a third-party business' experiences in commercial activities where this information has commercial value;
- terms and conditions for providing services and products by a third party;
- lists of customers, suppliers or sub-contractors compiled by a third-party business for its use in its commercial activities or enterprises - such lists may take time and effort to compile, if not skill;
- methods a third-party business proposes to use to supply goods and services; and

- number of hours a third-party business proposes to take to complete contracted work or tasks.

[46] Some examples where the withheld portions qualify as commercial information of a third party is in the second and fourth briefing note where the pricing practices and contracts of the third party are described.

[47] In other places, however, Health has applied subsection 19(1)(b) of FOIP to information about licences of third parties. This includes information about licences that have been requested and licences that have been granted. This information appears under the issue, background and analysis sections of the briefing notes. This information is about the third party's legal ability to perform a service in our province, not specifically about the buying and selling of a service. Subsection 19(1)(b) of FOIP does not apply in these instances.

b. Was the information supplied by the third party to a public body?

[48] Health's submission indicates that the commercial information in question was supplied by various third parties upon the request of Health. Health did not specifically state which third parties supplied which information. However, Health's index of records states that the "records were either supplied or originated in the Ministry...". I do not have enough information to determine if this part of the test is met.

c. Was the information supplied in confidence implicitly or explicitly?

[49] With respect to the commercial information in question, the record describes the third party's pricing information with a public body and with another third party.

[50] With respect to the commercial information between the third party and the public body, Health indicated that the original document is marked confidential and was supplied explicitly in confidence. However, the information is currently publicly available on the website of the public body. Subsection 19(1)(b) does not apply in this case.

[51] In the case of the information about the two third party businesses, Health indicated that the information was supplied by the third party implicitly in confidence. Its submission stated “This information was disclosed on the basis that it is confidential and that it was to be kept confidential.” This is not enough detail to persuade me that the information was provided implicitly in confidence.

[52] I find that subsection 19(1)(b) of FOIP does not apply to the record.

6. Does subsection 13(2) of FOIP apply to the record?

[53] Subsection 13(2) of FOIP states:

13(2) A head may refuse to give access to information contained in a record that was obtained in confidence, implicitly or explicitly, from a local authority as defined in the regulations.

[54] The following test is established for this exemption:

1. Was the information obtained from a local authority?
2. Was the information obtained implicitly or explicitly in confidence?

[55] Health has applied subsection 13(2) of FOIP to two different types of statements in the briefing notes. The first type of statement to which subsection 13(2) of FOIP applies is a statement that appears five times within the four briefing notes. Generally speaking, it states that there have been no reports from a certain stakeholder that there is a need for a certain service. This statement indicates that nothing has been communicated. Therefore, it does not meet the first part of the test as the information was not obtained from a local authority.

[56] The second type is information related to negotiation and the relationship between the third party and a public body that qualifies as a local authority. Health’s submission simply states that “The details were obtained in confidence from a local authority.” This is not information enough to persuade me that the portions in question were obtained in confidence.

[57] Subsection 13(2) of FOIP does not apply to the record.

7. Does subsection 16(1)(a) of FOIP apply to the record?

[58] Subsection 16(1)(a) of FOIP states:

16(1) A head shall refuse to give access to a record that discloses a confidence of the Executive Council, including:

(a) records created to present advice, proposals, recommendations, analyses or policy options to the Executive Council or any of its committees;

[59] Health has applied subsection 16(1)(a) of FOIP to several portions of the briefing notes; however, subsection 17(1)(a) of FOIP applies to all but one. As such, I need only consider the one portion that appears under the heading “Confidential/Sensitive Information” in the second briefing note. The statement indicates that the Minister of Health has requested that information be compiled on a certain topic for Cabinet. This is a directive and does not qualify as advice, proposals, recommendations, analyses or policy options.

[60] Subsection 16(1)(a) of FOIP does not apply to the record.

8. Did Health properly apply subsection 29(1) of FOIP?

[61] Subsection 29(1) of FOIP provides:

29(1) No government institution shall disclose personal information in its possession or under its control without the consent, given in the prescribed manner, of the individual to whom the information relates except in accordance with this section or section 30.

[62] In order for subsection 29(1) to apply, the information severed in the record must first be found to qualify as “personal information” pursuant to subsection 24(1) of FOIP. This section states:

24(1) Subject to subsections (1.1) and (2), “**personal information**” means personal information about an identifiable individual that is recorded in any form, and includes...

[63] Health has applied subsection 29(1) of FOIP to two identical statements that appear in the background section of the first and third briefing notes. The statement indicates that the third party has been granted a special licence to provide services to those participating in

a special treatment program. This treatment program has garnered a lot of media attention.

[64] Health's submission argues that individuals participating in this treatment program could be identified as the community to which the treatment is being provided.

[65] However, the information in question is about a third party's legal ability to provide services to a subset of the population. It does not indicate whether anyone has actually received these services. Therefore, it is not information about an individual and does not qualify as personal information pursuant to subsection 24(1) of FOIP.

[66] Subsection 29(1) of FOIP does not apply to the record.

IV FINDINGS

[67] I find that Health did not respond to the access to information request within the legislated timelines.

[68] I find that subsections 13(1)(b) and 17(1)(a) of FOIP applies to portions of the record.

[69] I find that subsections 13(2), 16(1)(a), 19(1)(b), 19(1)(c)(iii) and 29(1) of FOIP do not apply to the record.

V RECOMMENDATIONS

[70] I recommend Health change its process so that responses to access to information requests go through a consistent, streamlined process with no more than two or three approvers.

[71] I recommend Health continue with its plan to examine its process of responding to access requests that involve third parties.

[72] I recommend Health release the record as described in Appendix A.

Dated at Regina, in the Province of Saskatchewan, this 8th day of June, 2016.

Ronald J. Kruzeniski, Q.C.
Saskatchewan Information and Privacy
Commissioner

Appendix A

Item	Exemption Applied	Does it apply?	Withhold or release
Jurisdictional Scans	13(1)(b)	Yes	Release research information obtained outside of phone calls held with provincial counterparts.
	17(1)(a)	No	
	19(1)(c)(iii)	No	
Analysis following Jurisdictional Scans	17(1)(a)	Yes	Withhold

Briefing Note 1

Item	Exemption Applied	Does it apply?	Withhold or release
Title	17(1)(a)	No	Release
Issue	17(1)(a)	No	Release
	19(1)(b)	No	
	19(1)(c)(iii)	No	
Recommendation	17(1)(a)	Yes	Withhold
	19(1)(b)	No need to consider	
	19(1)(c)(iii)	No need to consider	
Background – Bullets 1-3	19(1)(b)	No	Release
Background – Bullet 4	17(1)(a)	No	Release
	19(1)(b)	No	
	29(1)	No	
Background – Relevant Legislation - 2 Sub-bullets under first bullet	16(1)(a)	No need to consider	Withhold
	17(1)(a)	Yes	
Background – Relevant Legislation - 2 Sub-bullets under first bullet	16(1)(a)	No need to consider	Withhold
	17(1)(a)	Yes	
Analysis/Implications – Bullet 1	17(1)(a)	Yes	Withhold
Analysis/Implications – Bullet 2	17(1)(a)	No	Release
Options	17(1)(a)	Yes	Withhold
Confidential/Sensitive Information – Bullet 1	13(2)	No	Release
	17(1)(a)	No	
Confidential/Sensitive Information – Bullet 2	17(1)(a)	No (except 2 nd sentence)	Release (withhold 2 nd sentence only)
Appendix A – Bullets 1 & 4	17(1)(a)	Yes	Withhold

Briefing Note 2

Item	Exemption Applied	Does it apply?	Withhold or release
Title	17(1)(a)	No	Release
Issue	17(1)(a)	No	Release
	19(1)(b)	No	
	19(1)(c)(iii)	No	
Background – Bullets 1-4	19(1)(b)	No	Release
Background – Bullet 5	17(1)(a)	No	Release
	19(1)(b)	No	
Background – Funding and Licensing of Diagnostic Imaging Facilities - Sub-bullet under first bullet	13(2)	No	Release
	17(1)(a)	No	
Analysis/Implications – Bullet 1	17(1)(a)	No	Release
	19(1)(b)	No	
Analysis/Implications – Table	17(1)(a)	No	Release
	19(1)(b)	No	
Analysis/Implications – Current Legislation – Bullet 1	16(1)(a)	No need to consider	Withhold
	17(1)(a)	Yes	
	22(a), (b) and (c)	No need to consider	
Analysis/Implications – Relevant Legislation – Sub-bullet under bullet 3	17(1)(a)	Yes	Withhold
Analysis/Implications – Relevant Legislation – Bullet 4	17(1)(a)	Yes	Withhold
Analysis/Implications – Relevant Legislation – Bullet 5	17(1)(a)	Yes	Withhold
Analysis/Implications – Relevant Legislation – Sub-bullet under bullet 6	17(1)(a)	Yes	Withhold
Analysis/Implications – Relevant Legislation – Bullet 7	17(1)(a)	Yes	Withhold
Analysis/Implications – Licensing a MRI Facility – Sub-bullet 2	17(1)(a)	Yes	Withhold
Analysis/Implications – Licensing a MRI Facility – Sub-bullet 3	17(1)(a)	No	Release
Options	17(1)(a)	Yes	Withhold
Confidential/Sensitive Information – Bullet 1	16(1)(a)	No	Release
	17(1)(a)	No	
Confidential/Sensitive Information – Bullet 2	13(2)	No	Release
	17(1)(a)	No	
Confidential/Sensitive Information – Bullet 3	17(1)(a)	No (except last sentence)	Release (withhold last sentence)
	19(1)(b)	No	

Briefing Note 3

Item	Exemption Applied	Does it apply?	Withhold or release
Title	17(1)(a)	No	Release
Issue	17(1)(a)	No	Release
	19(1)(b)	No	
	19(1)(c)(iii)	No	
Recommendation	17(1)(a)	Yes	Withhold
Background – Bullets 1-3	19(1)(b)	No	Release
Background – Bullet 4	17(1)(a)	No	Release
	19(1)(b)	No	
	29(1)	No	
Background – Funding and Licencing of Diagnostic Imaging facilities – Bullets 4-6	17(1)(a)	Yes	Withhold
Analysis/Implications – Bullet 1	17(1)(a)	Yes	Withhold
Analysis/Implications – Bullet 2	13(2)	No	Release
	17(1)(a)	No	
Analysis/Implications – Bullet 3	17(1)(a)	Yes	Withhold
Options	17(1)(a)	Yes	Withhold
Confidential/Sensitive Information – Bullet 1	13(2)	No	Release
	17(1)(a)	No	
Confidential/Sensitive Information – Bullet 2	17(1)(a)	No (except last sentence)	Release (withhold last sentence)
Appendix A – Bullets 1 & 4	17(1)(a)	Yes	Withhold

Briefing Note 4

Item	Exemption Applied	Does it apply?	Withhold or release
Title	17(1)(a)	No	Release
Issue	17(1)(a)	No	Release
	19(1)(b)	No	
	19(1)(c)(iii)	No	
Background – Bullets 1-2, 4	19(1)(b)	No	Release
Background – Bullet 3	17(1)(a)	No	Release
	19(1)(b)	No	
	29(1)	No	
Background – Bullet 5	17(1)(a)	No	Release
	19(1)(b)	No	
	19(1)(c)(iii)	No	
Analysis/Implications – Bullet 1	17(1)(a)	No	Release
	19(1)(b)	No	
Analysis/Implications – Table	17(1)(a)	No	Release
	19(1)(b)	No	
Analysis/Implications – Current Legislation – Bullet 1	16(1)(a)	No need to consider	Withhold
	17(1)(a)	Yes	
	22(a), (b) and (c)	No need to consider	
Analysis/Implications – Current Legislation – Sub-bullets under bullet 2	17(1)(a)	Yes	Withhold
Analysis/Implications – Current Legislation – Sub-bullet under bullet 3	17(1)(a)	Yes	Withhold
Analysis/Implications – Current Legislation – Bullet 6	17(1)(a)	Yes	Withhold
	22(a), (b) and (c)	No need to consider	
Analysis/Implications – Current Legislation – Sub-bullet under bullet 6	19(1)(b)	No	Release
Options	17(1)(a)	Yes	Withhold
Confidential/Sensitive Information – Bullet 1	17(1)(a)	No	Release
	19(c)(iii)	No	
Confidential/Sensitive Information – Bullet 2	13(2)	No	Release
	17(1)(a)	No	
	19(1)(c)(iii)	No	
Confidential/Sensitive Information – Bullet 3	17(1)(a)	No	Release
	19(1)(c)(iii)	No	