SASKATCHEWAN

OFFICE OF THE INFORMATION AND PRIVACY COMMISSIONER

REVIEW REPORT H-2013-001

SASKATOON REGIONAL HEALTH AUTHORITY

Summary: The Applicant requested that the Office of the Saskatchewan Information and Privacy Commissioner undertake a review when the Saskatoon Regional Health Authority (SRHA) refused to release her deceased father's personal health information to her. The Commissioner found that the Applicant was not a surrogate of her deceased father pursuant to section 56 of *The Health Information Protection Act* (HIPA). Therefore, she did not have a right of access to her deceased father's personal health information pursuant to Part V of HIPA. Further, the Commissioner found that SRHA exercised its discretion properly in refusing to disclose the deceased father's personal health information pursuant to section 27(4)(e) of HIPA.

Statutes Cited: *The Health Information Protection Act*, S.S. 1999, c. H-0.021, ss. 2(m), 2(t), 2(t)(ii), 3(2)(b), 12, 27(2)(c), 27(4)(e), 32, 34, 36, 56, 56(a), 56(f).

Authorities Cited: Saskatchewan OIPC Review Reports: F-2008-002; H-2006-001; H-2008-001; LA-2010-002; LA-2009-002/H-2009-001; Saskatchewan OIPC Investigation Reports H-2011-001, H-2013-001, H-2007-001.

Other Sources Cited: Saskatchewan OIPC, *Glossary of Common Terms: The Health Information Protection Act (HIPA);* Saskatchewan Ministry of Health, *Appendix A, 2009 Designation of Facilities Operated by Regional Health Authorities and Health Care Organizations*.

I BACKGROUND

[1] The Applicant submitted an access to information request dated July 8, 2010 to the Saskatoon Regional Health Authority (SRHA) to obtain her deceased father's medical records pertaining to her father's death.

[2] By way of a letter dated July 9, 2010, SRHA refused to release the requested records to the Applicant by stating the following:

> Section 27(4)(e) of *The Health Information Protection Act* provides a trustee with discretion to release information that pertains to deceased individuals. In this case, Saskatoon Health Region carefully considered all circumstances and made the decision not to disclose.

[3] The Applicant sent a letter dated July 15, 2010 to my office requesting that we undertake a review.

[4] My office sent letters dated October 18, 2010, to SRHA and the Applicant notifying them that my office would be undertaking a review.

II RECORDS AT ISSUE

[5] The records pertaining to the death of the Applicant's father would have been at issue. However, these records were not reviewed because the issues of this Report are about the Applicant's right to access her father's personal health information which does not depend on the contents of the records.

III ISSUES

1. Is *The Health Information Protection Act* engaged?

2. Under Part V of *The Health Information Protection Act*, does the Applicant have a right to access the records about her father?

3. Has the Saskatoon Regional Health Authority properly exercised its discretion in refusing disclosure to the Applicant under section 27(4)(e) of *The Health Information Protection Act*?

IV DISCUSSION OF THE ISSUES

1. Is *The Health Information Protection Act* engaged?

[6] I have previously stated that in order for *The Health Information Protection Act* (HIPA)[1] to apply, three elements must be present: (1) the "personal health information" as defined in section 2(m); (2) the personal health information must be in the "custody" or "control" of an organization; and (3) the organization must be a "trustee" as defined in section 2(t).[2]

[7] To fulfill the first element to determine if HIPA applies, I must find that the requested records contain "personal health information" which is defined in section 2(m) of HIPA as follows:

> **2** In this Act:
> …
>
> (m) **"personal health information"** means, with respect to an individual, whether living or deceased:
>
> (i) information with respect to the physical or mental health of the individual;
>
> (ii) information with respect to any health service provided to the individual;
>
> (iii) information with respect to the donation by the individual of any body part or any bodily substance of the individual or information derived from the testing or examination of a body part or bodily substance of the individual;
>
> (iv) information that is collected:
>
> (A) in the course of providing health services to the individual; or

[1] *The Health Information Protection Act*, S.S. 1999, c. H-0.021 (hereinafter HIPA).
[2] Office of the Saskatchewan Information and Privacy Commissioner (hereinafter SK OIPC), Review Report H-2006-001 at [13], Review Report LA-2009-002/H-2009-001 at [24], Investigation Report H-2011-001 at [47] and Investigation Report H-2013-001 at [26], available at www.oipc.sk.ca/reviews.htm.

(B) incidentally to the provision of health services to the individual; or

(v) registration information;[3]

[8] The Applicant requested "all the medical records of my father, [name of father], as it pertains to his death…" in her letter dated July 8, 2010 to SRHA. The requested records would presumably contain information about the physical or mental health of the individual, information that is collected in the course of providing health services to the individual, and registration information. Therefore, the Applicant is requesting personal health information of her father as it is defined by section 2(m) of HIPA. Neither SRHA, nor the Applicant has contested this.

[9] To fulfill the second element, to determine if HIPA applies, the organization that has custody or control of the personal health information must be a "trustee" as defined in section 2(t) of HIPA:

> **2** In this Act:
> …
>
> (t) "trustee" means any of the following that have custody or control of personal health information:
> ...
>
> (ii) **a regional health authority** or a health care organization;[4]
>
> [emphasis added]

[10] Since SRHA is a regional health authority, it is a trustee as defined by section 2(t)(ii) of HIPA.[5]

[11] Finally, the personal health information must be in the "custody" or "control" of a trustee organization. In my Investigation Report H-2007-001, I stated the following in regards to the terms custody and control:

[3] *Supra* note 1 at s. 2(m).
[4] *Ibid.* at s. 2(t)(ii).
[5] I found that the Saskatoon Regional Health Authority (hereinafter SRHA) is a trustee under HIPA in his Review Report H-2008-001 at [16] and Review Report at H-2006-001 at [16], both available at www.oipc.sk.ca/reviews.htm.

> [29] In my last Annual Report, I explained that the word "custody" in HIPA is to be understood as "physical possession". …
> …
>
> [31] The *Annotated Alberta Freedom of Information and Protection of Privacy Act* offers further insight into the applicability of the terms "custody" and "control":
>
> > …"Custody" refers to the physical possession of a record, while "control" refers to the authority of a public body to manage, even partially, what is done with a record.…[6]

[12] The organization in question is the SRHA. Based on the submission provided to my office, it appears that the records were created by employees of the Wakaw Hospital, which is a facility of the SRHA.[7] Therefore, SRHA appears to have custody of the requested records.

[13] Since all three elements exist in this case, HIPA is engaged.

[14] I should consider section 3(2)(b) of HIPA as well, which provides as follows:

> **3**(2) This Act does not apply to:
> ...
>
> (b) personal health information about an individual who has been dead for more than 30 years;[8]

[15] If the individual has been deceased for more than 30 years, then HIPA would not be applicable to the individual's personal health information. Based on information provided to my office by both the Applicant and SRHA, 30 years had not elapsed between the time of the Applicant's father's death and the time the Applicant made her access request. Therefore, HIPA is still engaged.

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[6]SK OIPC Investigation Report H-2007-001 at [29] to [31], available at: www.oipc.sk.ca/Reports/IR%20H-2007-001.pdf. For more discussion about the terms "possession", "custody", or "control", see SK OIPC Review Report LA-2010-002 at [35] to [122], Review Report F-2008-002 at [23] to [25], and *Glossary of Common Terms: The Health Information Protection Act (HIPA)*, at p. 3, all available at our website: www.oipc.sk.ca under the *Reports* and *Resources* tabs.

[7]According to the Saskatchewan Ministry of Health, *Appendix A, 2009 Designation of Facilities Operated by Regional Health Authorities and Health Care Organizations*, available at: www.health.gov.sk.ca/rha-ministers-orders.

[8]*Supra* note 1 at s. 3(2)(b).

2. Under Part V of *The Health Information Protection Act*, does the Applicant have a right to access the records about her father?

[16] There are two ways under HIPA in which individuals may gain access to a deceased individual's personal health information. The first way is pursuant to Part V of HIPA[9] in combination with section 56(a) under Part VIII of HIPA[10]. Part V provides an individual with a right to access his or her personal health information. Section 56(a) of HIPA states where the individual is deceased, the individual's personal representative may exercise the individual's access and privacy rights under HIPA as it relates to the administration of the individual's estate. This usually means an executor or executrix may request access to an individual's personal health information for the purpose of administrating the individual's estate.[11]

[17] The second way is under section 27(4)(e) under Part IV of HIPA,[12] which provides trustees with the ability to exercise their discretion to determine whether or not to disclose personal health information of a deceased individual to specific individuals. I will discuss this section later in this analysis.

[18] In the Applicant's July 8, 2010 letter to SRHA, she stated she had a telephone conversation with the then SRHA Privacy Officer and that she may be able to access her father's personal health information without being the executor of her father's estate:

> In a telephone conversation I had with you on 29 June 2010, I made an inquiry about how long medical records of patients at hospitals within Saskatchewan are kept on file at the particular hospital. You responded by saying 10 years is the usual timeframe for when medical records are retained after which time the medical records are usually destroyed.
>
> You further indicated that I am able to obtain medical records of a parent as it pertains to their death **without being the Executor of the parent's estate**. You further stated that, in order to obtain such medical records, I need to provide the

[9] *Ibid.* at Part V establishes individuals' right to access their personal health information.
[10] *Ibid.* at Part VIII addresses matters the preceding Parts of HIPA has not already covered, including the exercise of rights by other persons, annual report of the commissioner, and offence provisions.
[11] SK OIPC Review Report LA-2009-002/H-2009-001 at [76] to [122], available at: http://www.oipc.sk.ca/Reports/LA-2009-002%20and%20H-2009-001,%20December%2017,%202009.pdf.
[12] *Supra* note 1 at Part IV establishes how trustees are to collect, use, and disclose personal health information.

> appropriate documentation, which shows that I am the daughter of the deceased parent.
>
> [emphasis added]

[19] I will now analyze whether or not the Applicant had a right to request access to her father's personal health information under Part V of HIPA.

[20] Section 12 and Part V of HIPA provides individuals with a right to request access to their personal health information. The relevant sections of HIPA are below:

> **12** In accordance with Part V, an individual has the right to request access to personal health information about himself or herself that is contained in a record in the custody or control of a trustee.
> …
>
> **32** Subject to this Part, on making a written request for access, an individual has the right to obtain access to personal health information about himself or herself that is contained in a record in the custody or control of a trustee.
>
> …
>
> **34**(1) An individual may, in accordance with the regulations, make a written request for access to personal health information about himself or herself that is contained in a record in the custody or control of a trustee.
>
> (2) A written request for access must:
>
> (a) be made to the trustee that the applicant believes has custody or control of the record containing the personal health information; and
>
> (b) contain sufficient detail to enable the trustee to identify the personal health information requested.
>
> (3) An applicant must prove his or her identity to the satisfaction of the trustee.
>
> (4) The right to make an application for review pursuant to section 42 applies only to written requests for access.
>
> …
>
> **36**(1) Within 30 days after receiving a written request for access, a trustee must respond to the request in one of the following ways:

> (a) by making the personal health information available for examination and providing a copy, if requested, to the applicant;
>
> (b) by informing the applicant that the information does not exist or cannot be found;
>
> (c) by refusing the written request for access, in whole or in part, and informing the applicant:
>
> (i) of the refusal and the reasons for the refusal; and
>
> (ii) of the applicant's right to request a review of the refusal pursuant to Part VI;
>
> (d) by transferring the written request for access to another trustee if the personal health information is in the custody or control of the other trustee.
>
> (2) A trustee that transfers a written request for access pursuant to clause (1)(d) must notify the applicant of the transfer as soon as reasonably possible, and the trustee to whom the written request for access is transferred must respond to it within 30 days after the date of transfer.
>
> (3) The failure of a trustee to respond to a written request for access within the period mentioned in subsection (1) or (2) is deemed to be a decision to refuse to provide access to the personal health information, unless the written request for access is transferred to another trustee pursuant to clause (1)(d).[13]

[21] Since the Applicant is requesting copies of records that are about her father and not about her, she would have to be a 'surrogate' as listed in section 56 of HIPA to exercise her father's right to access his personal health information. Section 56 of HIPA states:

> **56** Any right or power conferred on an individual by this Act may be exercised:
>
> (a) **where the individual is deceased**, by the individual's personal representative if the exercise of the right or power relates to the administration of the individual's estate;
>
> (b) where a personal guardian has been appointed for the individual, by the guardian if the exercise of the right or power relates to the powers and duties of the guardian;

[13] *Ibid.* at ss. 12, 32, 34, and 36.

> (c) by an individual who is less than 18 years of age in situations where, in the opinion of the trustee, the individual understands the nature of the right or power and the consequences of exercising the right or power;
>
> (d) where the individual is less than 18 years of age, by the individual's legal custodian in situations where, in the opinion of the trustee, the exercise of the right or power would not constitute an unreasonable invasion of the privacy of the individual;
>
> (e) where the individual does not have the capacity to give consent:
>
> (i) by a person designated by the Minister of Community Resources and Employment if the individual is receiving services pursuant to *The Residential Services Act* or *The Rehabilitation Act*; or
>
> (ii) by a person who, pursuant to *The Health Care Directives and Substitute Health Care Decision Makers Act*, is entitled to make a health care decision, as defined in that Act, on behalf of the individual; or
>
> **(f) by any person designated in writing by the individual** pursuant to section 15.[14]
>
> [emphasis added]

[22] Only section 56(a) of HIPA may apply in this situation since it is the only clause that addresses the exercising of the access and privacy rights of deceased individuals by a surrogate (executor/executrix). However, clause 56(f) of HIPA may apply if the executor/executrix had provided written designation that the Applicant is representing the executor/executrix in requesting access to records for the purpose of the administration of the estate.[15]

[23] In her letter dated July 8, 2010 to the SRHA, the Applicant provided documentation to prove that she is the daughter of the individual of whom she requested information about. However, the documentation did not prove she is the executor of her father's estate. Nor was the documentation written designation by the actual executor/executrix of the estate stating the Applicant was acting on behalf of the executor/executrix in requesting access to records for the purpose of the administration of the estate. This is what HIPA requires.

[14] *Ibid.* at s. 56.
[15] *Supra* note 11 at [81] to [83].

[24] Section 56 of HIPA does not provide a general right for family members to exercise other family member's rights to request access to personal health information.

[25] In my Review Report H-2006-001, I discussed how the adult son of a deceased individual was denied access under Part V of HIPA. In that particular Report, the executrix was the step-mother of the Applicant, not the Applicant himself. In that Report, I stated the following:

> [22] While the Applicant may be the son of the deceased, that does not entitle him to access the files of the deceased family member under HIPA. Although the Applicant would have had right to see certain portions of his father's health care records while he was living, once the father died, the legal status of the Applicant changed. **After death, access rights pertain to the personal representative of the deceased within the meaning of section 56(a). In this case, the personal representative of the deceased is the Applicant's step-mother. Furthermore, there [sic] no written designation by the father or the step-mother within the meaning of section 56(f). As a result, the Applicant cannot assert a right to access his father's files.** The OIPC concludes that inasmuch as it used this reasoning to deny the Applicant access, the Region's denial of access is consistent with Part V of HIPA.[16]
>
> [emphasis added]

[26] Similar to the situation in Review Report H-2006-001, the Applicant has not provided any documentation that she is the executrix of her father's estate, nor has she provided any written designation from her deceased father or the actual executor/executrix of her father's estate pursuant to section 56(f) of HIPA.

[27] Therefore, the Applicant does not have a right to access her father's personal health information under Part V of HIPA.

3. Has the Saskatoon Regional Health Authority properly exercised its discretion in refusing disclosure to the Applicant under section 27(4)(e)?

[28] In my Review Report H-2006-001, I stated the following:

[16]SK OIPC Review Report H-2006-001 at [22], available at: www.oipc.sk.ca/Reports/H-2006-001.pdf.

> [24] **Even if the Applicant has no enforceable right of access under Part V of HIPA, it is necessary to consider the disclosure power described in section 27 of HIPA.** The discretion to 'disclose' is clearly different than the duty to respond to a request for access. Disclosure pursuant to section 27 is an exercise of discretion by the trustee. In other words, the trustee may or may not disclose whereas with an access request under Part V, unless the case meets one of the six circumstances listed in section 38, access must be granted. **Our office does not normally substitute our discretion for that of a trustee. However, we will make recommendations in cases where there is some basis to believe that discretionary power has been exercised for an improper purpose, or not exercised at all. In this case, we have reason to suspect that the discretionary powers allowed by section 27 were not exercised at all.**[17]
>
> [emphasis added]

[29] There are subsections of section 27 I should consider in this matter, particularly sections 27(2)(c) and 27(4)(e) of HIPA. They are as follows:

> 27(2) A subject individual is deemed to consent to the disclosure of personal health information:
>
> …
>
> (c) to the subject individual's next of kin or someone with whom the subject individual has a close personal relationship if:
>
> (i) the disclosure relates to health services currently being provided to the subject individual; and
>
> (ii) the subject individual has not expressed a contrary intention to a disclosure of that type.
>
> …
>
> (4) A trustee **may** disclose personal health information in the custody or control of the trustee without the consent of the subject individual in the following cases:
>
> …
>
> (e) if the subject individual is deceased:
>
> …
>
> (ii) where the information relates to circumstances surrounding the death of the subject individual or services recently received by the subject individual, and the disclosure:

[17] *Ibid.* at [24].

> (A) is made to a member of the subject individual's immediate family or to anyone else with whom the subject individual had a close personal relationship; **and**
>
> (B) is made in accordance with established policies and procedures of the trustee, or where the trustee is a health professional, made in accordance with the ethical practices of that profession;[18]

[emphasis added]

[30] In the situation discussed in my Review Report H-2006-001, the adult son was with his father at the time of admission. With his father's consent, the son was added to his father's chart as the father's next-of-kin. When an individual is alive, a trustee has the ability to disclose personal health information to the individual's next-of-kin or to someone with whom he/she has a close relationship pursuant to section 27(2)(c) of HIPA, even without the subject individual's express consent. However, the Applicant's father had already died at the time of the Applicant's request to access his father's personal health information. Therefore, the trustee could not have relied on section 27(2)(c) of HIPA to disclose the father's personal health information any longer.

[31] In the present case, once the subject individual is deceased, the trustee only has section 27(4)(e) of HIPA to consider for the disclosure of personal health information. In a letter dated January 17, 2011, my office requested whether or not SRHA had any policy it was following to assist it in determining whether or not to disclose the father's personal health information to the Applicant. SRHA responded in a letter dated February 24, 2011 where it stated:

> In regard to your question pertaining to consent, Saskatoon Health Region does not have a specific policy that relates to previously expressed wishes of a deceased individual. It is rare that circumstances similar to this occur and as such, our office deals with these on a case by case basis by relying on the facts of the case and a review of relevant legislation to make a fair decision.

[32] However, in a letter to our office dated February 26, 2013, SHRA advised us of the following:

[18] *Supra* note 1 at ss. 27(2)(c) and 27(4)(e).

> Saskatoon Health Region's policy, *Privacy and Confidentiality* was revised on March 28, 2012 and provides the definition from HIPA of Personal Health Information (PHI) as it related to an individual: "…whether living or deceased". Following that definition, Section [sic] 2.4.1 of the accompanying procedure, *Disclosure of PHI to Immediate Family* states, "Information relating to a patient's current care may be disclosed without consent to members of the immediate family unless the patient has requested otherwise."…

[33] It is not apparent to me whether the above policy and procedure referenced by SRHA was in effect when the Applicant requested her deceased father's personal health information. However, when my office reviewed the policy and procedure, neither appeared to be detailed enough. In an email dated April 12, 2013, my office recommended that the procedure be made more granular by including the following details:

1. Which employee (privacy officer, nurse, doctor, etc.) has the responsibility of documenting patients' request,
2. Where patients' requests for information [sic] not be disclosed to immediate family members is to be documented, and
3. Which employee is responsible for checking if patient has requested information not be disclosed to immediate family members prior to determining whether or not to disclose the personal health information.

[34] On April 18, 2013, SRHA's Privacy Officer responded to my office's above recommendation as follows:

> Our office would like (at a minumim [sic]) **until the end of August [2013]** in order to consult with internal stakeholders i.e. health records, those working towards the electronic health record and the health care professionals that patients typically speak to regarding the disclosure of their [personal health information] to immediate family members. Once we have concluded those consultation we intend to present the proposed revisions of the Privacy and Confidentialtiy [sic] Policy – Procedures section 2.4 to the SHR - Regional Policy Advisor Committee for approval.
>
> [emphasis added]

[35] However, in the course of revising the policy and procedure, SRHA advised my office on June 25, 2013 that it projected to have them implemented by mid-October of 2013.

[36] While I am pleased that SRHA is working towards a more granular procedure to assist in similar situations in the future, I will need to determine whether SRHA exercised its discretion properly in this circumstance.

[37] In my Review Report H-2006-001, I stated that since the father consented to the disclosure of his personal health information while he was alive because he designated his son as his "next-of-kin", that there is no reason to believe the father would have revoked his consent to have his personal health information disclosed to his son:

> [26] Given the particular circumstances of this file, I encourage the Region to specifically consider section 27(4)(e) and assess why the disclosure of limited information as contemplated by that provision could not be provided to the Applicant. **On the material before me it would appear that because consent had been given to the Applicant (by his father) to access his father's files when his father was alive, there is no reason to believe that the Applicant's father would have revoked consent to the Applicant's accessing the same files after his (the father's) death. Furthermore, the Applicant applied to see the files in question on the very day of his father's death, mere hours after he had been living. Had the Applicant asked to see or receive copies of his father's files a few hours earlier, access would have been granted. Thus, by virtue of modest elapsed time, the Applicant's ability to obtain information as next-of-kin under section 27(2)(c) (which did not require his father's consent), or under section 27(1) (with the father's consent), cannot be applied to this case.** Since section 27(2)(c) and the exception in 27(1) cannot be applied to this case because of the intervening death, and **because disclosure would be consistent with the expressed wishes of the deceased and consistent with the objectives of HIPA, the use of that discretionary power to disclose would be appropriate.**[19]
>
> [emphasis added]

[38] The situation discussed in my Review Report H-2006-001, contrasts with the situation discussed in this particular file. SRHA's letter to our office dated February 24, 2011 provided evidence that the father of the Applicant in this file had expressed to hospital employees that he wished his daughter not have access to him. SRHA stated in its letter:

> As evidence was requested by your office, I have included documentation from [name of father's] file that supports the stance that [name of father] did not want information shared with his daughter…

[19] *Supra* note 16 at [26].

[39] The evidence included handwritten notes by the hospital's manager and a doctor. I reviewed the evidence and it appears that the father expressly stated he did not want to have contact with the Applicant.

[40] If the father did not want to have contact with the Applicant, then logically he would not want her to have access to his personal health information.

[41] In my Review Report H-2006-001, I found that it would be appropriate to disclose personal health information because it would have been consistent with the expressed wishes of the deceased.[20] In this case, I find that it would be appropriate to withhold from disclosing the father's personal health information because it would be consistent with the expressed wishes of the deceased.

[42] The Applicant argued in a letter received by our office on May 25, 2011 where she enclosed a copy of her father's "Last Will & Testament". In her letter, she stated:

> Attached is a copy of the Last Will & Testament of my father, [name of father]. **Please note there is no clause in my father's will where he specifically states that [name of daughter] is not have access to his medical information.**
>
> [emphasis added]

[43] The absence of a clause does not necessarily mean he consented to the Applicant having access to his personal health information.

[44] To repeat what I stated in my Review Report H-2006-001, my office does not substitute our discretion for that of a trustee but makes recommendations in cases where there is some basis to believe that the trustee's discretionary power has been exercised for an improper purpose, or not exercised at all.[21] In this case, it appears that SRHA did exercise its discretion and decided not to disclose to be consistent with the Applicant's father's wishes when he was still alive. Therefore, I find that SRHA properly exercised its discretion.

[20] *Ibid.* at [26].
[21] *Ibid.* at [24].

V FINDINGS

[45] I find that *The Health Information Protection Act* is engaged.

[46] I find that the Applicant did not have a right to access her deceased father's personal health information under Part V and section 56 of *The Health Information Protection Act*.

[47] I find that the Saskatoon Regional Health Authority exercised its discretion properly under section 27(4)(e) of *The Health Information Protection Act* in determining not to disclose the Applicant's deceased father's personal health information to the Applicant.

VI RECOMMENDATIONS

[48] I recommend that the Saskatoon Regional Health Authority continue to refuse to release the Applicant's deceased father's personal health information to the Applicant.

[49] I recommend that the Saskatoon Regional Health Authority establish a more detailed written policy and procedure to manage requests to disclose personal health information of deceased individuals to the deceased individual's immediate family or to anyone else with whom the deceased individual had a close personal relationship.

Dated at Regina, in the Province of Saskatchewan, this 22nd day of October, 2013.

R. GARY DICKSON, Q.C.
Saskatchewan Information and Privacy Commissioner