



REVIEW REPORT 188-2024

Bridges Health Services Inc.

November 20, 2024

Summary:

The Applicant submitted an access to information request under *The Health Information Protection Act* (HIPA) to Bridges Health Services Inc. (Bridges Health) for a copy of all correspondence between Bridges Health and the Applicant's employer. Bridges Health refused the Applicant access to its "file notes", which contained the copy of correspondence that the Applicant sought. Bridges Health said the refusal was because the release of file notes was against its company policy. The Applicant requested a review by the A/Commissioner. In the course of the review, Bridges Health took the position that it did not qualify as a trustee under HIPA. The A/Commissioner made a number of findings, including that Bridges Health qualified as a trustee pursuant to subsection 2(1)(t)(xv) of HIPA and subsection 4(b) of the HIPA Regulations, that personal health information existed within the file notes, and that Bridges Health did not properly respond to the Applicant's access to information request under HIPA. The A/Commissioner recommended that Bridges Health review the 518 pages of file notes and release the Applicant's personal health information that is in the file notes to the Applicant within 30 days of issuance of this Report. He also recommended that Bridges Health hire a consultant with expertise in health privacy law to develop and implement policies and procedures so that Bridges Health meets its duties and obligations under HIPA. For more information on the recommendations, see Part V of this Report.

I BACKGROUND

[1] On March 21, 2024, the Applicant sent the following access to information request to Bridges Health Services Inc. (Bridges Health):

I am requesting copies of all correspondence between you and my employer. This includes, but is not limited to, any emails, letters, direct messages, etc., from [Name of Applicant's employer] Human Resources, Manager [Name], Director [Name], and

Employee Benefits Vice President [Name]. If you require me to complete and sign a document for this information, please forward this at your earliest convenience. If you do not require a document, consider this email a formal request.

[2] In subsequent emails, the Applicant said they wanted “any correspondence regarding RTW between [Bridges Health] and [Name of Applicant’s employer]”, “chart on [their] file”, and “all correspondence between [Name of Applicant’s employer] and Bridges Health”.

[3] However, Bridges Health responded to the Applicant indicating what records it was willing to release and what it was not willing to release:

Correspondence between Bridges Health and [Name of Applicant’s employer] (or any employer) are not part of a medical file. They are our file notes are considered internal information and are not released per Company policy.

Your medical information, such as decision letters, gradual return-to-work plans, and any medical information that has been provided by you and your healthcare provider is able to be released to you.

If there is something specific you are looking for, and you would like to let me know, I will let you know what categorization it falls under for allowance to release/not release.

[4] My office also noted that in an email dated May 13, 2024 to the Applicant, Bridges Health indicated it was “bound by the Health Information Privacy [sic] Act”. It said:

Bridges Health does not release medical information to [Name of Applicant’s employer], or any employer, as we are bound by the Health Information Privacy Act.

[5] On August 6, 2024, the Applicant requested a review by my office.

[6] On August 29, 2024, my office notified Bridges Health and the Applicant that my office would undertake a review.

[7] On September 3, 2024, Bridges Health provided its submission wherein it asserted that the “file notes do not contain medical. File notes are internal communications, and our policy does not provide file notes outside our office.”

[8] On October 15, 2024, my office requested that Bridges Health provide my office with a copy of the “file notes” for the purpose of my office’s review.

[9] On October 28, 2024, the Applicant provided my office with their submission.

[10] On November 8, 2024, after issuing a summons to attend my office, Bridges Health provided my office with the “file notes”, or the records at issue. Therefore, Bridges Health was not required to attend my office.

II RECORDS AT ISSUE

[11] The records at issue, referred to as the “file notes”, consists of 518 pages. The 518 pages contain:

- copies of emails sent to and from Bridges Health about the Applicant. Emails include emails sent by the Applicant to Bridges Health, emails between health care providers and Bridges Health, and emails between Bridges Health and the Applicant’s employer regarding workplace accommodations for the Applicant; and
- notes by Bridges Health employees regarding phone calls related to the Applicant.

III DISCUSSION OF THE ISSUES

1. Do I have jurisdiction?

[12] Sections 12 and 32 of *The Health Information Protection Act* (HIPA) provides individuals with the right of access to their personal health information in the custody or under the control of a trustee.

[13] HIPA is engaged when three elements are present: 1) a trustee, 2) personal health information, and 3) the trustee has custody or control over the personal health information.

[14] If any of these three elements do not apply to Bridges Health, then my review ends.

a. Does Bridges Health qualify as a trustee under HIPA?

[15] In the background of this Report, I noted that Bridges Health indicated to the Applicant that it was bound by “the Health Information Privacy [sic] Act” in its email dated May 13, 2024. However, in contrast, Bridges Health asserted in its submission to my office that it does not qualify as a trustee as defined by subsection 2(1)(t) of HIPA. It explained as follows:

Bridges Health’s role with [Name of Applicant’s employer] is to assist with adjudication decisions for eligibility of benefits based on medical provided to us.

Bridges Health’s [sic] does not have a contract with [Name of Applicant’s employer] as we are utilized intermittently on the odd case at their discretion. Bridges is not a trustee under the definition of a trustee under subsection 2(1)(t) of HIPA) [sic].

[16] Subsection 2(1)(t) of HIPA provides:

2(1) In this Act:

...

(t) “**trustee**” means any of the following that have custody or control of personal health information:

...

(xv) any other prescribed person, body or class of persons or bodies;

[17] Subsection 4 of *The Health Information Protection Regulations, 2023* (HIPA Regulations) provides:

4 For the purposes of subclause 2(1)(t)(xv) of the Act, the following are prescribed as trustees:

...

(b) every person who owns or operates a privately-owned facility in or from which health services are provided by a health professional;

[18] Section 2-29 of *The Legislation Act* provides:

2-29 In an enactment:

...
“**person**” includes **a corporation** and the heirs, executors, administrators or other legal representatives of a person;

[Emphasis added in bold and underline]

[19] According to Information Services Corporation’s (ISC) Corporate Registry, Bridges Health is a business corporation with two directors.

[20] For guidance as to what qualifies as a “health service”, I refer to subsection 2(1) of the HIPA Regulations, which provides:

2(1) In these regulations:

...
“**health services**” means health services as defined in *The Provincial Health Authority Act*.

[21] Section 1-2 of *The Provincial Health Authority Act* provides:

1-2 In this Act:

...
“**health services**” with respect to:

(a) the provincial health authority and health care organizations, includes services that are ancillary to health services and any prescribed services;

[22] Subsection 2(4) of *The Provincial Health Authority Administration Regulations* defines “health services” as:

2(4) For the purposes of clause (a) of the definition of “**health services**” in section 1-2 of the Act, the following services are health services:

(a) alcohol, drug or substance abuse or addiction assessment, education and treatment services;

(b) chronic disease management services;

(c) community health services;

(d) convalescent care and palliative care services;

- (e) counselling services;
- (f) diagnostic imaging services;
- (g) disability management services;
- (h) disease and injury prevention services;
- (i) emergency medical response services, including the use of a road ambulance, fixed-wing aircraft or rotary-winged aircraft;
- (j) emergency stabilization services;
- (k) health assessment and screening services;
- (l) health education services;
- (m) health promotion services;
- (n) home care services;
- (o) hospital services;
- (p) laboratory services;
- (q) long-term care services;
- (r) medical services;
- (s) mental health services;
- (t) nursing services;
- (u) personal care services;
- (v) physician services;
- (w) provision of drugs, medical supplies and surgical supplies;
- (x) public health services;
- (y) registered nurse or nurse practitioner services;
- (z) rehabilitation services;
- (aa) specialty and subspecialty medical services and surgical services;

(bb) therapy services;

(cc) any other goods and services ancillary or incidental to health promotion and protection or respecting the care, treatment or transportation of sick, infirm or injured individuals.

[23] [Bridges Health's website](#) indicates that Bridges Health provides a number of services, some of which would qualify as a "health services" such as [occupational therapy](#).

[24] Since some of the services that Bridges Health provides qualify as a "health service" by health professionals such as occupational therapists, then I find that Bridges Health qualifies as a trustee pursuant to subsection 2(1)(t)(xv) of HIPA and subsection 4(b) of the HIPA Regulations. That is, Bridges Health, as a business corporation, owns or operates a privately-owned facility in or from which health services are provided by a health professional.

b. Do the contents of the records at issue qualify as personal health information?

[25] Subsection 2(1)(m) of HIPA defines "personal health information" as follows:

2(1) 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

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

or

(v) registration information;

[26] As described earlier, the records at issue (or file notes) consist of emails and notes about the Applicant. Some of the records at issue clearly do not contain personal health information. For example, email exchanges between Bridges Health and the Applicant's employer about scheduling meetings. Such information does not qualify as "personal health information" as defined by subsection 2(1)(m) of HIPA. However, I will determine if other types of information in the records at issue qualify as personal health information below:

i. Emails from Applicant to Bridges Health

[27] Emails from the Applicant to Bridges Health were saved to the file notes. Some of the emails, including emails at pages 156 to 157, 180, 373, 431, 448 and 474 identify symptoms experienced by the Applicant. This would be personal health information as defined by subsection 2(1)(m)(i) of HIPA.

ii. Notes to file by Bridges Health regarding phone calls with Applicant

[28] Bridges Health employees made notes of their phone calls they had with the Applicant where the Applicant provided a description of their symptoms, such as at pages 150, 260, 374 and 420. The description of the symptoms qualifies as personal health information as defined by subsection 2(1)(m)(i) of HIPA.

iii. Emails between health care providers and Bridges Health

[29] Bridges Health employees exchanged emails with the Applicant's health care providers, including their Occupational Therapist and Psychologist. These emails, such as at pages 195, 237, 245, 500 and 501, describe strategies on how to alleviate symptoms experienced by the Applicant. Such information qualifies as personal health information as defined by subsection 2(1)(m)(i) and (ii) of HIPA.

iv. Notes to file by Bridges Health regarding phone calls with health care providers

[30] Bridges Health employees also spoke with the Applicant's health care providers by telephone. Therefore, Bridges Health employees recorded notes of phone calls and voicemails from the health care providers, including at pages 246 and 502. Page 246 includes notes by a Bridges Health employee regarding a phone call with the Applicant's Occupational Therapist that includes a description of the Applicant's health, which qualifies as personal health information as defined by subsection 2(1)(m)(i) of HIPA. Further, page 502 is a transcription of a voicemail from the Applicant's psychologist to a Bridges Health employee. The voicemail includes treatment being received by the Applicant, which qualifies as personal health information as defined by subsection 2(1)(m)(ii) of HIPA.

v. Emails between Bridges Health and the Applicant's employer

[31] A great portion of the 518 pages consists of emails between Bridges Health and the Applicant's employer regarding the Applicant's return to work and workplace accommodations, such as duration of shifts, lighting, and workspace. As outlined in the background of the Report, the Applicant is seeking the emails between Bridges Health and their employer.

[32] In [Investigation Report 110-2019](#) at paragraphs [7] and [8], I considered information regarding an employee's return-to-work. I had found that information about an employee's cognitive and physical limitations qualifies as personal health information pursuant to subsection 2(1)(m)(i) of HIPA.

[33] In this case, the emails between Bridges Health and the Applicant's employer describe the Applicant's needs which are based on assessments by health professionals and if the employer is able to meet those needs. The contents of the emails meet the definition of "personal health information" as defined by subsection 2(1)(m) of HIPA. For example, the

need for shorter work shifts reveals that the individual is not fully recovered. Other accommodations may also reveal other physical or cognitive limitations.

[34] I find that personal health information exists within the file notes.

c. Does Bridges Health have custody or control over the personal health information?

[35] I found that personal health information exists in:

- emails from the Applicant to Bridges Health,
- notes to file by Bridges Health regarding phone calls with the Applicant,
- emails between health care providers and Bridges Health,
- notes to file by Bridges Health regarding phone calls with health care providers,
- emails between Bridges Health and the Applicant's employer.

[36] I need to determine if such personal health information is in the custody or control of Bridges Health.

[37] "Custody" is the physical possession of a record by a trustee with a measure of control. "Control" means having authority over a record (see [Investigation Report 086-2024, 113-2024, 114-2024, 116-2024](#) at paragraph [15]).

[38] The file notes were extracted by Bridges Health from its computer system and provided to my office for review. This suggests that the personal health information is in the custody of Bridges Health. Further, Bridges Health employees were a part of the creation of the file notes (whether being a sender or recipient of emails and as the author of the notes to file). This suggests that the personal health information is in the control of Bridges Health. As such, I find that Bridges Health has custody and control over the personal health information in the file notes.

[39] All three elements are present in order for HIPA to be engaged. That is, I find that I have jurisdiction to conduct this review.

2. Did Bridges Health properly respond to the Applicant’s access to information request under HIPA?

[40] The Applicant requested access to copies of correspondence between Bridges Health and their employer that are in the file notes. In their submission to my office, the Applicant explained that their employer hired Bridges Health as a non-biased, impartial third party by their employer to adjudicate their disability claim. The Applicant then explained that that plan members of 3sHealth’s Disability Income Plan “can request and obtain all communications between their adjudicator and employer”. The Applicant provided my office with an email between themselves and a Claims Specialist at 3sHealth, where the Applicant asked if a claimant requested a copy of their disability file, that emails between the adjudicator and the employer would be included. The Claims Specialist at 3sHealth responded, “[y]es, all those emails are part of the disability file”.

[41] My office cannot comment on disclosure of information outside of the formal process outlined in the province’s freedom of information laws or in HIPA. My office provides oversight for HIPA. Therefore, even if it is 3sHealth’s practice to disclose emails between an employer and adjudicator to claimants, that does not bound my office to find that Applicants are entitled to the same information under HIPA. Instead, my office’s focus is whether trustees under HIPA are providing applicants access to their own personal health information.

[42] In this case, I found that the Applicant’s personal health information appears in file notes as described earlier in this Report. Pursuant to sections 12 and 32 of HIPA, quoted below, the Applicant is entitled to their personal health information that appears in the file notes, subject to exceptions:

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.

[43] In this section of this Report, I must determine if Bridges Health properly responded to the Applicant's access request under HIPA. Specifically, I will consider whether Bridges Health's reason for refusal complies with subsections 38(1) and 38(2) of HIPA. Then, I will consider if its actual responses to the Applicant complied with section 36 of HIPA. Finally, I will consider if Bridges Health met its duty to assist pursuant to section 35 of HIPA.

a. Was Bridges Health's refusal to provide access in accordance with subsection 38(1) of HIPA?

[44] As outlined in the background of this Report, Bridges Health refused the Applicant access to records since it is Bridges Health's policy to not release its file notes.

[45] Section 38 of HIPA provides the circumstances in which a trustee may refuse an applicant access to their personal health information. Section 38 of HIPA provides:

38(1) Subject to subsection (2), a trustee may refuse to grant an applicant access to his or her personal health information if:

(a) in the opinion of the trustee, knowledge of the information could reasonably be expected to endanger the mental or physical health or the safety of the applicant or another person;

(b) disclosure of the information would reveal personal health information about another person who has not expressly consented to the disclosure;

(c) disclosure of the information could reasonably be expected to identify a third party, other than another trustee, who supplied the information in confidence under circumstances in which confidentiality was reasonably expected;

(d) subject to subsection (3), the information was collected and is used solely:

(i) for the purpose of peer review by health professionals, including joint professional review committees within the meaning of *The Saskatchewan Medical Care Insurance Act*;

(ii) for the purpose of review by a standards or quality of care committee established to study or evaluate health services practice in a health services facility or health services agency, including a committee as defined in section 10 of *The Evidence Act*; or

(iii) for the purposes of a body with statutory responsibility for the discipline of health professionals or for the quality or standards of professional services provided by health professionals;

(e) the information was collected principally in anticipation of, or for use in, a civil, criminal or quasi-judicial proceeding; or

(f) disclosure of the information could interfere with a lawful investigation or be injurious to the enforcement of an Act or regulation.

[46] Subsection 38(1) of HIPA does not authorize a trustee, such as Bridges Health, to refuse an Applicant access to personal health information because it is the trustee's policy to refuse access. The refusal of access must be based on subsection 38(1) of HIPA.

[47] My office had sought a copy of the policy that Bridges Health was relying on to refuse access plus an explanation of the legislative basis for the policy. Perhaps reviewing the policy could have provided clarity on the reasons why Bridges Health refused the Applicant access to their personal health information in the file notes. However, Bridges Health did not provide a copy of the policy, nor did they explain the legislative basis for the policy. It is not entirely clear that a formal written policy exists.

[48] Therefore, I find that Bridges Health's refusal to provide the Applicant access to their personal health information in the file notes to not be in accordance with subsection 38(1) of HIPA.

b. Was Bridges Health's refusal to provide access in accordance with subsection 38(2) of HIPA?

[49] Subsection 38(2) of HIPA provides:

38(2) Where a record contains information to which an applicant is refused access, the trustee shall grant access to as much of the record as can reasonably be severed without disclosing the information to which the applicant is refused access.

[50] To fulfill its obligations pursuant to subsection 38(2) of HIPA, Bridges Health would have to release as much personal health information as it can to the Applicant.

[51] In this case, Bridges Health refused the Applicant access to all file notes including the Applicant's own personal health information that appears in the file notes. Bridges Health did not sever personal health information to which it may refuse the Applicant access pursuant to subsection 38(1) of HIPA and release the rest.

[52] Therefore, I find that Bridges Health's refusal to provide access was not in accordance with subsection 38(2) of HIPA.

c. Did Bridges Health's response comply with subsection 36(1)(c) of HIPA?

[53] Section 36 of HIPA provides:

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.

[Emphasis added]

[54] Subsection 36(1)(c) of HIPA provides that a trustee who is refusing access to personal health information must: 1) inform the applicant of the refusal and the reasons for refusal; and 2) inform the applicant of their right to request a review of by my office pursuant to Part VI of HIPA. First, I already found that Bridges Health's reason for refusal was not in accordance with subsection 38(1) of HIPA. Second, based on a review of the email exchanges between the Applicant and Bridges Health, Bridges Health did not inform the Applicant of their right to request a review by my office pursuant to Part VI of HIPA. Therefore, I find that Bridges Health's response to the Applicant's access request did not comply with subsection 36(1)(c) of HIPA.

[55] Overall, I find that Bridges Health did not properly respond to the Applicant's access to information request under HIPA.

[56] As outlined in the background, Bridges Health had initially informed the Applicant that it was bound by HIPA. But then, in the course of my office's review, Bridges Health took the position that it was not a trustee under HIPA. This change in position suggests that Bridges Health is currently not prepared to meet its obligations under HIPA.

[57] I recommend that Bridges Health engage with a consultant with expertise in health privacy law within 30 days to develop and implement policies and procedures within 90 days so that Bridges Health meets its duties and obligations under HIPA. This would likely include assessing the information that Bridges Health has to determine whether information qualifies as personal health information and would be subject to HIPA. Further, this work would include developing policies and procedures to ensure that Bridges Health properly responds to access to information requests under HIPA, which I will discuss further below.

d. Did Bridges Health's meet its duty to assist pursuant subsection 35(1) of HIPA?

[58] A trustee's duty to assist is set out in section 35 of HIPA. Specifically, subsection 35(1) of HIPA provides:

35(1) Subject to sections 36 to 38, a trustee shall respond to a written request for access openly, accurately and completely.

[Emphasis added]

[59] In order to meet its duty to assist, the trustee must meet its obligations under sections 36 to 38. Since I have already found that Bridges Health did not meet its obligations under sections 36 and 38, then I find that Bridges Health has not met its duty to assist pursuant to subsection 35(1) of HIPA.

[60] Further, in order to meet the duty to assist, a trustee must respond to access requests openly, accurately and completely. To respond “openly” means to provide access to all or part of a record and to be upfront in the reasons for refusing access. To respond “accurately” means to understand every part of an access to information request, and to clarify the nature if required. This includes providing applicants with information on which records the trustee organization has in its custody or control that may be responsive to an access to information request, and seeking clarification from the applicant on the scope if required. To respond “completely” means to not leave any gaps in a response to an applicant or to be transparent, thereby eliminating confusion (see [Review Report 347-2019](#) at paragraph [20]).

[61] I note that in the email exchanges between the Applicant and Bridges Health, Bridges Health had communicated the categories of information it has - “medical information, such as decision letters, gradual return-to-work plans” which it had already provided to the Applicant, and “file notes” which are “internal information and are not released per Company policy.” By making the decision to not release “file notes” prior to reviewing the file notes for personal health information, I find that Bridges Health did not respond to the Applicant’s access request openly, accurately and completely and, therefore, did not meet its duty to assist pursuant to subsection 35(1) of HIPA.

[62] My office had sought a submission from Bridges Health on its efforts to search for records requested by the Applicant as well as a copy of its policies and procedures on how it categorizes its records and determine whether it will release the records or not. Bridges Health did not provide a submission on its search for records, nor did it provide my office with a copy of its policies or procedures.

- [63] I recommend that Bridges Health review the 518 pages of file notes and release the Applicant's personal health information to the Applicant within 30 days of issuance of this Report. This includes personal health information that appears in emails from the Applicant to Bridges Health, notes to file by Bridges Health regarding phone calls with the Applicant, emails between health care providers and Bridges Health, notes to file by Bridges Health regarding phone calls with the health care providers, and emails between Bridges Health and the Applicant's employer.
- [64] I recommend that Bridges Health ensure its policies and procedures requires its staff to meet the duty to assist pursuant to subsection 35(1) of HIPA. This would include searching for records responsive to applicants' access to information requests under HIPA and to actually review records to determine if the records contain personal health information prior to making any decision to grant or to refuse access. Should Bridges Health determine it will refuse access, it should ensure the refusal is in accordance with subsection 38(1) of HIPA, and that its written notice to the Applicant of its decision is in accordance with subsection 36(1) of HIPA.

IV FINDINGS

- [65] I find that Bridges Health qualifies as a trustee pursuant to subsection 2(1)(t)(xv) of HIPA and subsection 4(b) of the HIPA Regulations.
- [66] I find that personal health information exists within the file notes.
- [67] I find that Bridges Health has custody and control over the personal health information in the file notes.
- [68] I find that I have jurisdiction to conduct this review.
- [69] I find that Bridges Health's refusal to provide the Applicant access to their personal health information in the file notes to not be in accordance with subsection 38(1) of HIPA.

- [70] I find that Bridges Health's refusal to provide access was not in accordance with subsection 38(2) of HIPA.
- [71] I find that Bridges Health's response to the Applicant's access request did not comply with subsection 36(1)(c) of HIPA.
- [72] I find that Bridges Health did not properly respond to the Applicant's access to information request under HIPA.
- [73] I find that Bridges Health did not respond to the Applicant's access request openly, accurately and completely and therefore did not meet its duty to assist pursuant to subsection 35(1) of HIPA.

V RECOMMENDATIONS

- [74] I recommend that Bridges Health engage with a consultant with expertise in health privacy law within 30 days to develop and implement policies and procedures within 90 days (with a copy to my office) so that Bridges Health meets its duties and obligations under HIPA.
- [75] I recommend that Bridges Health review the 518 pages of file notes and release the Applicant's personal health information to the Applicant within 30 days of issuance of this Report. This includes personal health information that appears in emails from the Applicant to Bridges Health, notes to file by Bridges Health regarding phone calls with the Applicant, emails between health care providers and Bridges Health, notes to file by Bridges Health regarding phone calls with the health care providers, emails between Bridges Health and the Applicant's employer.
- [76] I recommend that Bridges Health ensure its policies and procedures requires its staff to meet the duty to assist pursuant to subsection 35(1) of HIPA. This would include searching for records responsive to applicants' access to information requests under HIPA and to actually review records to determine if the records contain personal health information

prior to making any decision to grant access to refuse access. Should Bridges Health determine it will refuse access, it should ensure the refusal is in accordance with subsection 38(1) of HIPA, and that its written notice to the Applicant of its decision is in accordance with subsection 36(1) of HIPA.

Dated at Regina, in the Province of Saskatchewan, this 20th day of November, 2024.

Ronald J. Kruzeniski, K.C.
A/Saskatchewan Information and Privacy
Commissioner