



Information and Privacy
Commissioner of Ontario
Commissaire à l'information et à la
protection de la vie privée de l'Ontario

March 31, 2026

VIA EMAIL: wilson.allan.d@gmail.com

PERSONAL AND CONFIDENTIAL

Allan Wilson
1321 Upland Drive
Unit 21311
Houston, Texas 77043

Dear Allan Wilson:

This letter is in response to the health privacy complaint that you filed with the Information and Privacy Commissioner of Ontario (the IPC) under the [Personal Health Information Protection Act \(the Act\)](#) against the Ottawa Hospital (the hospital). You filed your complaint on October 31, 2025. The IPC opened file HC25-00366 to deal with this matter.

The IPC has oversight authority over the *Act*. The IPC has been designated as the independent oversight body responsible for ensuring that health information custodians collect, use and disclose personal health information (PHI) according to the rules set out in the *Act*.

SUMMARY OF DECISION

After considering the circumstances and the submissions provided, I have decided that this complaint should not proceed through the complaint process. As a result of my decision, this complaint is now closed. The following sets out the information that I relied upon to arrive at this decision.

SUMMARY OF COMPLAINT

On October 31, 2025, the IPC received your complaint form and attachments. I was assigned as Analyst to the file on January 30, 2026. In a February 4, 2026, email you confirmed and clarified the circumstances of your complaint.

You submit that:



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Suite 1400
Toronto, Ontario
Canada M4W 1A8

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- On November 8, 2024, the hospital made false statements about you in paragraphs 8 and 14 of a filed Statement of Defence of the Defendant in Case No. CV-24-00097442-0000, which now forms the court record.
- These statements are of fabricated psychiatric diagnoses, unsubstantiated by medical records and that are “undisputed in their falsity”.
- There was no legitimate legal basis for the inclusion of medical diagnoses in the Statement of Defence in response to Canadian Charter of Rights and Freedoms (the Charter) claims.
- The hospital’s actions constitute an unauthorized disclosure of your purported PHI contrary to the *Act*. Specifically, the publication of false psychiatric diagnoses without your authorization contravenes sections 29-34 and 52 of the *Act*, which restricts disclosure to specific circumstances.
- The hospital’s actions also contravened the *Health Care Consent Act*.
- These statements appear to have been used as a tactic by the hospital to 1) undermine your credibility, 2) subvert legitimate claims of Charter rights violations, and 3) cover up missing and altered medical information you refer to in your original Statement of Claim in Ontario Superior Court of Justice case No. CV-24-97442.
- Furthermore, the hospital’s false narrative is evidenced in falsified hospital records combined with records from the National Defence Medical Centre from the year 2000.

The issue being reviewed in this complaint is the disclosure of your PHI.

RESPONSE FROM THE HOSPITAL

I reached out to the hospital to obtain their response to your allegation. They argue that the hospital did not contravene its obligations under the *Act*.

It was explained that you initiated a court proceeding with the hospital as one of the defendants in the matter. The hospital submitted its Statement of Defence as part of the court process and as a means to counter the allegations made against them.

The hospital argued that they have a right to defend themselves in court and that the PHI included in the Statement of Defence provided a background of your admissions to the hospital. They argue that the information disclosed is directly related to your claim, as the allegations pertained to what occurred during specific hospital visits. As such, the disclosure was in accordance with section 41(1) of the *Act*.

Regarding your belief that certain information is inaccurate, the hospital advised that you may submit a request to have records of your PHI in their custody or control corrected.

MY PRELIMINARY VIEW

In a February 26, 2026, letter, I provided you the basis for my preliminary view that your complaint should not proceed through the complaint process. Based on the information before me, it was my preliminary view that the hospital disclosed your PHI for the purpose of a court proceeding where they were a party and the PHI related to the proceeding. As such, the hospital's disclosure appears to be for a circumstance permitted by section 41(1)(a) of the *Act*.

You were given an opportunity to provide written submissions to explain why you believe that the disclosure was not permitted despite my analysis. You were asked to provide these submissions by March 12, 2026.

SUMMARY OF YOUR SUBMISSIONS

On February 26, 2026 and March 4, 2026, I received your submissions via email. In addition to your written submissions, you provided copies of your medical records to support your arguments and prove the falsity of the diagnoses entered into the court record by the hospital.

You submit that my preliminary analysis does not adequately address the distinction between permitted disclosure under the *Act* and the publication of fabricated diagnoses in a public court filing. You argue that the inclusion of fabricated psychiatric diagnoses in a public pleading is not a form of disclosure contemplated or permitted by the *Act*.

While I will address the points you raise in greater detail in the "Discussion" section below, you organize your arguments under the following headings:

- Disclosure under the *Act* is not equivalent to publication in court filings
- The information was neither disclosed nor relevant
- Privilege does not extend to fabricated and irrelevant statements
- Protective non-disclosure is the appropriate standard for sensitive health information in court proceedings
- Potential for criminal liability
- Discrimination impact and the integrity of Charter Protections
- Correction of records and status of proceedings

You request that my preliminary view be reconsidered and that a finding be made that the hospital violated the *Act*.

DISCUSSION AND SCOPE OF THE *ACT*

The IPC has oversight authority over and reviews privacy complaints pursuant to the *Act*. The *Act* establishes certain privacy rights for individuals, governs the manner in which PHI may be collected, used, and disclosed within the health sector, and applies to the PHI in the custody or

control of health information custodians, such as the hospital. The *Act* also grants individuals the right to complain to the IPC about a breach of the *Act*.

The IPC has the discretion to decide whether a complaint should be reviewed.

The hospital explained that you initiated a court proceeding against them and they submitted a Statement of Defence as part of the court process and as a means to counter the allegations. As such, it is their position that the disclosure of your PHI in the Statement of Defence was done in accordance with section 41(1) of the *Act*.

As your submissions do not appear to contest that the hospital was a defendant in a court proceeding you initiated, I will now assess your arguments that their actions were not justified by the *Act*.

Argument that disclosure under the *Act* is not equivalent to publication in court filings

You argue that section 41(1)(a) of the *Act* does not constitute and must not be read as a blanket authorization to publish any health-related content in a public court filing. Disclosure under the *Act* and publication in a Statement of Defence are legally and conceptually different, with the latter being governed by the rules of civil procedure, the law of privilege, and the overriding duty of counsel not to advance claims or make representations without evidentiary foundation. Where the information is potentially harmful, the appropriate mechanism is a protective order, sealing order, or redaction, not public disclosure.

Your argument appears to imply that the circumstances of your complaint are different than what the *Act* defines as a disclosure.

Section 2 of the *Act* defines “disclose” as follows:

“disclose”, in relation to personal health information in the custody or under the control of a health information custodian or a person, means to **make the information available or to release it** to another health information custodian or **to another person**, but does not include to use the information, and “disclosure” has a corresponding meaning; **[emphasis added]**

Without performing a full analysis, it appears that in the circumstances of your complaint, the hospital making your PHI available or releasing it to other parties to the court proceeding, meets the above definition of a disclosure of your PHI.

I agree with your argument that section 41(1)(a) does not permit the publication of *any* health-related content. The *Act* establishes the various circumstances where a health information custodian may disclose PHI. Section 41(1), specifically stating:

41 (1) A health information custodian may disclose personal health information about an individual,

- (a) subject to the requirements and restrictions, if any, that are prescribed, for the purpose of a proceeding or contemplated proceeding in which the custodian or the agent or former agent of the custodian is, or is expected to be, a party or witness, if the information relates to or is a matter in issue in the proceeding or contemplated proceeding;
- ...

Furthermore, section 2 of the *Act* defines “proceeding” as follows:

“proceeding” **includes a proceeding held in, before or under the rules of a court,** a tribunal, a commission, a justice of the peace, a coroner, a committee of a College within the meaning of the *Regulated Health Professions Act, 1991*, a committee of the Board of Regents continued under the *Drugless Practitioners Act*, a committee of the Ontario College of Social Workers and Social Service Workers under the *Social Work and Social Service Work Act, 1998*, a committee of the Authority within the meaning of the *Health and Supportive Care Providers Oversight Authority Act, 2021*, an arbitrator or a mediator; (“instance”) **[emphasis added]**

While parties to a court proceeding must surely adhere to court rules and procedures, the issue before the IPC for this matter is whether the hospital’s disclosure of your PHI contravened their obligations under the *Act*.

As such, your argument regarding the hospital’s “publication” being governed by the rules of civil procedure, law of privilege, etc., does not persuade me that the hospital’s actions contravened the *Act*.

Argument that the information was neither disclosed nor relevant

You disagree with the hospital’s characterization of its inclusion of three specific psychiatric diagnoses in the Statement of Defence.

Referencing specific medical records of yours, you explain that the records refer to theories, clinical impressions, and a diagnosis not consistent with the information the hospital included in the Statement of Defence. No such psychiatric diagnoses appear in your hospital records or any other clinical document held by the hospital. Furthermore, no diagnosis was ever communicated to you, in accordance with the American Medical Association’s Code of Medical Ethics.

You disagree with the application of section 41(1)(a) of the *Act* to this matter as the provision presupposes that the information exists and is directly related to the issues being litigated. When no information exists in the medical record, section 41(1)(a) cannot logically apply and the information was not disclosed, but was invented. You argue that invented medical diagnoses fall entirely outside the scope of section 41(1)(a) and therefore outside any lawful authority the *Act* could have provided.

Additionally, you argue that the fabricated diagnoses lacked any integral connection to the Charter proceedings in issue, served no legitimate defensive purpose, and were not relevant to any matter

in issue. You argue that the hospital has not discharged its burden to prove that the information was accurate and relevant to the proceeding.

As I understand your argument, section 41(1)(a) cannot apply to the circumstance of your complaint as: 1) the information included the Statement of Defence was fabricated, and as a result, was invented and not “disclosed”, as defined by the *Act*; and 2) the information did not relate to/was not a matter in issue in the proceeding.

As previously stated, given the information before me, I am persuaded that the circumstances of your complaint amount to a disclosure of your PHI under the *Act*. Regardless of the accuracy of the three psychiatric diagnoses, the hospital confirming having provided health care to you in the Statement of Defence appears to amount to a disclosure of your PHI as contemplated by the *Act*.

Section 41(1)(a) stipulates that a health information custodian may only disclose a person’s PHI for the purpose of a proceeding if the information relates to or is a matter in issue in the proceeding.

In response to your argument, I sought further clarification from the hospital regarding the information included in the Statement of Defence. The hospital explained that your Statement of Claim described your experiences at the hospital on June 27, 2000 and September 24, 2009, and alleged that hospital staff “deliberately distorted medical information to unlawfully detain [you] and force administration of medication”.

The hospital explained that their Statement of Defence established a factual background about its interaction with you, which included a brief description of your visits to the hospital on the abovementioned dates. They argue that the PHI provided in the Statement of Defence is directly related to your claim against the hospital as the allegations pertained to what occurred during specific hospital visits.

As I read the Statement of Defence, which you provided to me, the hospital included information regarding your admissions and their provision of healthcare towards you.

Given the information before me, I am persuaded that the hospital’s disclosure of your PHI in the circumstances alleged related to or was a matter in issue in the proceeding in question. As such, it remains my view that the disclosure was done in accordance with section 41(1)(a) of the *Act*.

Argument that privilege does not extend to fabricated and irrelevant statements

You submit that privilege in court proceedings does not exist to immunize parties or their counsel from accountability for publishing false information having no relationship to the issues in dispute.

You cite three decisions as establishing that courts are not a vehicle for personal attacks on opposing parties under the guise of pleading¹ and state that the fabrication implicates professional conduct standards and public policy considerations governing the conduct of litigation.

¹ *Salasel v. Cuthbertson*, 2015 ONCA 115; *1522491 Ontario Inc. v. Stewart, Esten Professional Corp.*, 2010 ONSC 727; and *Hill v. Church of Scientology of Toronto*, [1995] 2 SCR 1130

This complaint pertains to an allegation of inappropriate disclosure of your PHI, and not legal privilege. As such, this argument does not persuade me that the hospital acted in contravention of the *Act*.

Argument that protective non-disclosure is the appropriate standard for sensitive health information in court proceedings

You explain that even if the hospital possessed a legitimate basis for referencing your health status, the appropriate course was not public disclosure but protective non-disclosure. Where such information must be referenced in a proceeding, the proper mechanism is to seek a sealing order, a confidentiality order, or redaction of the sensitive material from the public record.

You argue that the hospital's actions were inconsistent with its obligations and the constitutional values underlying section 8 of the Charter.

Although there may be more than one manner PHI can be entered into a court record, for the reasons provided above, it remains my view that the hospital's disclosure was done in accordance with section 41(1)(a) of the *Act*. As such, this argument does not persuade me that the hospital acted in contravention of the *Act*.

Argument regarding potential for criminal liability

You argue that the publication may engage sections 298 and 300 of the Criminal Code of Canada (the Criminal Code).

These sections of the Criminal Code pertain to the criminal offence of defamatory libel. Should you believe the hospital has committed a criminal offence, you may wish to bring that to a different channel of complaint/authority.

This argument does not persuade me that the hospital acted in contravention of the *Act*.

Argument regarding the impact of discrimination and the integrity of Charter Protections

You argue that any determination that endorses the hospital's conduct risks creating a discriminatory precedent that effectively denies Charter protections to individuals with mental health conditions.

If fabricated psychiatric diagnoses may be introduced into a Statement of Defence without evidentiary support or consequence, the practical effect is that an institution may shield itself from Charter liability by labeling the claimant as mentally ill. Any interpretation of section 41(1)(a) of the *Act* that would license the publication of fabricated diagnoses in response to constitutional claims must be rejected as incompatible with the Charter values the legislation is intended to serve.

I disagree that my analysis endorses the disclosure of false information by a health information custodian. This argument does not persuade me that the hospital acted in contravention of the *Act*.

Argument regarding the correction of records and status of proceedings

Having reviewed the entirety of the hospital's records, you confirm that the diagnoses included in the Statement of Defence do not appear. As the Ottawa Divisional Court is currently reviewing the matter and no final determination has been made, you request that the IPC give full weight to the pending judicial proceedings and legal arguments set out in your submissions before issuing any final determination.

I confirm that I have given weight to all of the information before me in this matter. In my view, ongoing proceedings does not influence whether or not the hospital's disclosure in the Statement of Defence contravened their obligations under the *Act*. This argument does not persuade me that the hospital acted in contravention of the *Act*.

MY DECISION

Section 57(4) of the *Act* provides the Commissioner with the discretion to determine whether to review a complaint. The Commissioner has delegated authority to me to decide whether your complaint should proceed through the complaint process or be dismissed.

I have carefully considered the information before me as it pertains to this complaint, and it is my decision that your complaint should not proceed through the complaint process and, as a result, should be dismissed. This is because the hospital's disclosure of your PHI in the circumstances alleged appears to be permitted by section 41(1)(a) of the *Act*. Your submissions did not persuade me otherwise or lead me to reach a different conclusion.

Consequently, this complaint is now closed.

Yours truly,



Cayda Rubin
Analyst

c.c. Anne Lavigne, Privacy Lead, HIS & Information and Privacy Office, The Ottawa Hospital