Allan Douglas Wilson
1321 Upland Drive, Unit 21311
Houston, Texas 77043
wilson.allan.d@gmail.com

April 24, 2026

Stephan Luciw
Assistant Commissioner, Tribunals and Dispute Resolution
Information and Privacy Commissioner of Ontario
2 Bloor Street East, Suite 1400
Toronto, Ontario M4W 1A8
stephan.luciw@ipc.on.ca

RE: IPC File HC26-00109 — Escalation of Reconsideration Denial dated April 22, 2026 in respect of IPC File HC25-00366 — The Ottawa Hospital

Dear Assistant Commissioner Luciw:

I am requesting that the matter set forth in the following be escalated to the Commissioner if determined that the questions of statutory interpretation exceed the scope of reconsideration review. Civil action will follow in Ontario courts in the case where the matter is not sufficiently addressed by the Commissioner, Assistant Commissioner, or by a senior delegate as deemed appropriate.

History and issues of Complaint

On April 22nd, 2026, IPC Analyst Cayda Rubin refused to reconsider my Complaint against the Ottawa Hospital for “unauthorized disclosure of [my] purported Personal Health Information (PHI) contrary to the Personal Health Information Protection Act (PHIPA) [herein referred to as ‘the Act’]. Specifically, the publication of false psychiatric diagnoses without [my] authorization contravening sections 29-34 and 52 of the Act, which restricts disclosure to specific circumstances.”

The denials in the IPC’s decision and in response to request for reconsideration have ignored the underlying issue of Complaint, that institutions simply cannot avoid legal liability by manufacturing medical information to include in pleadings and expect the same information to be protected under the Act as PHI.

The Hospital, a defendant in Charter proceedings and related defamation litigation initiated in 2024, caused these false diagnoses to be published through court filings which were neither redacted from the record nor prevented from republication. This was part of a series of related litigation across Ontario and the District of Columbia in which government attorneys and judicial officers assigned five(5) different psychiatric diagnoses to the Complainant, diagnoses

which are medically impossible for one individual to have. The contested information in the present complaint concerned three(3) of these false diagnoses stated as fact in a Statement of Defence by the Ottawa Hospital and without supporting evidence.

After initially denying administrative review under Section 57(4), reconsideration was refused by the IPC without addressing the core issues of complaint, relying on conclusory responses without evidentiary basis. No full analysis was conducted in denial, with the analyst offering excuses to avoid addressing the issues of complaint, that: (1) The administrative decision maker is not explicitly required to address every argument raised by the parties, and (2) the decision was based exclusively on information presented by the Hospital without any identified requirement for investigation. In reality, the analyst also ignored consideration of evidence and provisions of Privacy Act legislation in declining to review.

While referencing the M/FIPPA Code in denying reconsideration holding that “a jurisdictional defect in the decision pertains to whether the adjudicator had jurisdiction to make the decision under the Act,” the decision to decline investigation was questioned by the Complainant under subject matter jurisdiction as not fulfilling the IPC’s mandate under the Act. Further to this, the conflation of information caused to be published falls both within subject matter jurisdiction of the IPC and simultaneously outside of the same jurisdiction which is by strict definition subject to review.

The Analyst denied reconsideration on the basis of jurisdiction despite being described in detail in the Complainant’s request, deciding instead to evaluate on the basis of “clerical error, accidental error, or omission” for which none were found by the analyst in denial. A proper analysis would reveal that the Commission has erroneously refused to review improper disclosure of information under the Act constituting both PHI and false information. Because the information came from authorities and was presented as fact, both the PHI disclosed and the invented diagnoses referenced in complaint were not properly disclosed under the Act as cited by the analyst in Decision Letter of March 31st while declining to review.

The Complainant’s initial response to Preliminary View describes the type of disclosure made by the respondent Hospital as not being contemplated by the Act, therefore falling outside of IPC authority to review. Though this is held true by definitions in the Act, the Complainant’s Request for Reconsideration further describes the conflation of actual PHI with false diagnoses manufactured to discredit legitimate Charter claims. The act of misrepresenting health information in pleadings that is reasonably expected to cause injury is a legal offence and none of the information purported to have been disclosed, PHI or otherwise, is permitted by the Act’s disclosure provisions.

In Request for Reconsideration, the Complainant requested review by a senior delegate and not by the same analyst who made the initial decision. The same analyst justified their authority to respond to the request citing 27.06 of the *PHIPA Code of Procedure:*
"The individual who made the Decision in question will respond to the request, unless he or she for any reason is unable to do so, in which case the IPC will assign another individual to respond to the request."

As demonstrated herein, the analyst has been unable to respond substantively to the request, has provided no analysis, and has miscited authorities in PHIPA. The Complainant maintains as part of requested relief that the Complaint may be meaningfully reviewed by assignment to a senior delegate.

Errors in Analyst Rubin's denials

No full analysis was conducted

No analysis was evident in the letters of preliminary view, decision, and reconsideration issued by the IPC in response to the complaint filed five(5) months before any response was issued by the Commission.

Analysis is defined as: *the detailed examination or breaking down of a complex topic into smaller parts to understand its features and structure; involving critical study to interpret findings, or identify trends and relationships.*

No such analysis was evident in the IPC analyst's responses which relied on conclusory expressions such as: 'it appears that…' and 'I am not persuaded that…' without any stated reasoning. In total across the preliminary view, denial, and refusal to reconsider, such unsupported conclusory expressions were used twenty-six(26) times.

The analyst refused to conduct a full analysis and instead relied on the hospital's response without independent verification, stating that the Hospital appeared to meet the criteria for disclosure under the Act. Further to conducting no analysis, the analyst simply agreed with and reiterated the Hospital's position, that unspecified medical care was provided to the complainant and that the purported disclosure was in response to a legal complaint and was therefore proper.

This position does not hold up with a proper analysis which would include the definitions of "Personal Health Information (PHI)" and "disclosure" under the Act. As addressed in the Complainant's Request to Reconsider, Section 2 of the Act defines "disclose" as meaning "to make the information available or to release it to another health information custodian or to another person" where the information is "in the custody or under the control" of the custodian. The information was never held by the Hospital and was clearly not attributable to the Complainant.

The analyst's intentional error subverted the IPC mandate

In Decision Letter dated March 31, 2026, the analyst agreed with the Complainant's argument that section 41(1)(a) does not permit the publication of any health related content, yet the analyst came to the inapposite conclusion that the argument did "not persuade me that the hospital's actions contravened the Act" even when it is widely known that information included in pleadings is routinely published and disseminated by the courts.

In decision, the analyst presents this in the stark admission of intending to represent an error in determination: *"While you may characterize the hospital's actions as a publication rather than a disclosure, or question whether a "publication" or "dissemination" fall under the Act's definition of a disclosure, this argument does not present an error or mistake that does not reflect my intent in the decision."* This apparently deliberate error runs contrary to the Act's definitions and subverts the mandate of the IPC. It further contributes to the impetus for review under the reasoning of demonstrated clerical errors, accidental errors and omissions in addition to the stated jurisdictional defects and defects in adjudication by misciting authorities.

The analyst miscited authorities

The analyst miscited authorities by stating that "section 41(1)(a) of the Act permits the disclosure of 'personal health information about an individual' in specific circumstances" and "It does not appear to specify that the personal health information must first exist in a health information custodian's records."

Section 41(1)(a) relies on definitions in Section 2 of the Act, also brought forward in Complainant's Request for Reconsideration, which defines "disclose" as meaning "to make the information available or to release it to another health information custodian or to another person" where the information is "in the custody or under the control" of the custodian.

The resulting statutory basis for the analyst's denials directly contradicts provisions of the Act and by extension the mandate of the IPC to review.

The preceding arguments referring to definitions in the Act were never before presented to the Commission, yet the analyst refused to consider them, framing them as a "re-argument" and not meeting the criteria for reconsideration as "a clerical error, accidental error or omission".

The published medical information cannot be corrected

Across the correspondence denying review, the analyst repeatedly referred to the hospital's response suggesting to submit a request to correct information on file if believed to be inaccurate. Although quoting the Act, the suggestion that the information subject to complaint can be corrected is erroneous considering the fact that the it does not appear in hospital records and therefore cannot be corrected; that the false information has already been published by the courts, disseminated to parties and made available to the public; and that

Health Records Services does not correct medical records but rather appends information to the record at the request of the subject.

Unresolved questions of statutory interpretation under PHIPA

The presented evidence and questions of subject-matter jurisdiction remain unaddressed

The IPC's denials deliberately avoided the primary reason for reconsideration which is determination of subject matter jurisdiction stemming from material questions of proper disclosure under the Act and the definition of PHI. Failure to properly apply the definitions under the Act to the facts of complaint directly resulted in refusal to investigate under the IPC mandate which simultaneously denied subject-matter jurisdiction.

The deliberate omission reveals intent to avoid review of a valid complaint by failing to address the issues and ignoring the basis for reconsideration, particularly the central argument that the information deemed to have been disclosed does not constitute PHI which necessitates being held by an information custodian.

While receipt of complainant's medical records was acknowledged by the IPC analyst, along with the acknowledged intention of the Complainant to disprove falsified medical information, the submitted medical records were not referred to specifically in the IPC's refusal to investigate despite their direct relevance to the central argument necessitating discernment of subject-matter jurisdiction to review. The relevance of evidence was not addressed across the denials beyond cursory dismissal.

This deficit of consideration for facts and evidence was demonstrated in the analyst's response to reconsideration stating that: "I did not assess whether specific information was in the hospital's records but whether the hospital's disclosure of this information contravened the Act." A proper analysis would determine that it is impossible to assess proper disclosure without first defining what PHI was disclosed.

The systemic implication that health information custodians may insert fabricated medical characterizations into court pleadings and claim section 41(1)(a) protection

Allowing the respondent Hospital's actions to go unchecked has the consequence that all complaints against institutional defendants may be dismissed without meeting any kind of evidentiary burden to dismiss, and that the courts and administrative bodies may set aside their mandated functions under established legislation including the Privacy Act while siding with government respondents. Complaints may be judicially and administratively dismissed without investigating or even verifying obviously manufactured information used to prejudice complainants seeking damages for evidence-based claims.

Falling short of endorsing the respondent Hospital's position, the IPC has supported their actions by adopting the respondent's position without questioning the factual basis, and as a result, failed to recognize any need to investigate despite obvious contraventions of law. These failures reveal institutional bias when occurring across multiple complaints brought before the courts and the IPC.

If it were a private citizen causing to be published false diagnoses referencing individuals and causing material and reputational harm, they would certainly be subject to legal sanctions and penalties. Fabricating evidence, fraud, and libel would normally be criminal offences when committed by private parties, however the same offences committed by institutions have been dismissed by the courts and the IPC without review and without substantive consideration for arguments and evidence presented, even when all parties in legal and administrative proceedings are considered to have equal status under the law.

Requested relief

Ignorance of the law is no excuse. As a result of the analyst's failures to recognize the applicable legal framework and effectively address the issues of complaint and reconsideration, the Complainant requests referral to a senior designate for full analysis and to open an investigation pursuant to formal adjudication under section 57 of the Act with the view supported by statutory authority that the Hospital violated provisions of the Act.

Note: This correspondence is copied to the Information and Privacy Commissioner of Ontario and the Ontario Minister of Health.

Sincere regards,

Allan Douglas Wilson
Complainant, Self-Represented

cc:

Patricia Kosseim
Information and Privacy Commissioner of Ontario
2 Bloor Street East, Suite 1400
Toronto, Ontario M4W 1A8
commissioner@ipc.on.ca

The Honourable Sylvia Jones, Minister of Health
Ministry of Health, 777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3
minister.health@ontario.ca