

In the Matter Of:
Barbara Wand Seminar in Professional Ethics

SEMINAR
June 12, 2019



77 King Street West, Suite 2020
Toronto, ON M5K 1A2
1.888.525.6666 | 416.413.7755

1 RE: BARBARA WAND SEMINAR IN PROFESSIONAL ETHICS,
2 STANDARDS AND CONDUCT, JUNE 12, 2019

3 DURATION: 158:28
4
5
6
7
8
9
10
11
12
13
14
15
16
17

18 PREPARED BY:
19 ALANA TRUMPY
20 NEESON COURT REPORTING INC.
21 77 KING STREET WEST, SUITE 2020
22 TORONTO, ONTARIO M5K 1A2
23 TEL. 416.413.7755

1 ---Upon commencing:

2

3 DR. GANG: We're very happy to be here
4 in Ottawa and also to be speaking to all the people
5 who are logging on online right now. I'm Barry Gang.
6 I'm the Deputy Registrar and the Director of
7 Professional Affairs at the College. Welcome again to
8 the Barbara Wand Seminar.

9 If any of you have registered more
10 recently than, I guess, the last three decades ago,
11 you may not know who Barbara Wand is. Barbara -- Dr.
12 Wand was the Registrar of the Ontario Board of
13 Examiners in Psychology from 1976 to 1991, and in
14 1991, the Board instituted the annual Barbara Wand
15 Seminars in Professional Ethics, Standards and Conduct
16 in recognition of her great contributions to the
17 profession of psychology.

18 In 2016, it became a semi-annual half-
19 day event to make it more accessible to people who
20 weren't able to make it to a full-day event once a
21 year, and roughly around the same time, we went online
22 so people all over the Province can access the
23 seminar.

1 Today we have 135 people here, which is
2 a very small component of the over 1,800 people that
3 are watching with us.

4 Before we get into the program, there's
5 a few business things again. Most of you are
6 participating by Webcast. While we're really excited
7 about the numbers, because of the number of questions
8 that people have online -- and we've really tried to
9 address questions as they've come in -- we've just not
10 figured out a way to make that work. There's a time
11 lag in receiving the questions. There's just far too
12 many to go through to see which questions are
13 redundant and so on, so for that reason we've made a
14 decision -- and we did this last time, I believe -- to
15 respond to every question that people send us by
16 email, and also to put together a summary of the
17 questions and answers and post them on the College
18 website for everybody's benefit.

19 Those of you who are online already
20 have the address. Any of you who are here and don't
21 get a chance to ask the questions that you want to
22 ask, it's a simple address: BWS -- Barbara Wand
23 Seminar -- Questions@cpo.on.ca, and any of us who are
24 here from the College staff can give you that
25 information again at the break.

1 Don't send any IT-related questions to
2 that because they just aren't going to get answered
3 probably until at least tomorrow.

4 Our providers of technology today have
5 put a question mark icon on the screen, and you could
6 just click there and submit a description of the
7 problem.

8 I don't know what kind of a queue there
9 will be for that, but rather than joining the queue,
10 you might want to try some of the things that others
11 have successfully tried in the past: simply exiting
12 and reloading, trying a different browser, refreshing
13 your screen.

14 Worst case scenario is that you won't
15 be able to connect successfully, and this will be
16 available -- the whole proceedings will be on the
17 website of the College I'm told in less than ten days,
18 so at the outside it'll be ten days, probably sooner
19 than that.

20 We have closed captioning that should
21 be appearing on everybody's screen, but if you have
22 accessibility needs that that doesn't address, make
23 sure you let us know. We'll make a transcript of the
24 proceedings available to you.

1 For those of you in the room, Wi-Fi
2 unfortunately isn't available today. Water, even
3 though it isn't on your tables, is available. There's
4 a - there's a cooler over there in the corner with
5 cool, filtered water for you.

6 We're going to keep strictly to the
7 times on the agenda because most people aren't here
8 and they should know when -- you know, when to sign on
9 and to sign off.

10 Other business things. Everybody wants
11 to know about continuing professional development
12 credits -- always. Those of you who are watching
13 together, either in this group here or with groups
14 online, will get a credit in Category A8 in
15 recognition of the value of inter-collegial contact
16 and interaction plus three credits if you've stayed
17 tuned and participated for the -- for the entire
18 morning.

19 Documentation: just simple
20 confirmation of your registration will be fine. If
21 you're in a group and didn't register yourself, just
22 any kind of copy of correspondence with whoever's
23 organized this for you.

1 So right now I'd like to invite Dr.
2 Lynette Eulette, the President of the College, to
3 formally begin the morning.

4 DR. EULETT: Good morning. This is
5 probably one of the very few times I do something
6 formal.

7 So as President of the College, I want
8 to welcome you to the Barbara Wand Seminar on behalf
9 of the Council itself, and that goes for you in this
10 venue and as well as those who are online.

11 The fact that we're pretty close to
12 2,000 people participating in this seminar twice a
13 year I think is a real testimony to technology but
14 also to the fact that psychologists want to learn and
15 they like to learn in community, and if you were to
16 ask me, I'd say that learning in community is probably
17 one of the most effective ways of learning, and so I
18 think it's a privilege that we're able to do that.

19 We have a few members of council in the
20 audience here and I'd just like to acknowledge them.
21 So Mr. William Middleton is at the back. He's a
22 recently-appointed public member of council. Marilyn
23 Keyes is beside him, and I know Christine DiZazzo is
24 registered, but I'm not -- I haven't seen her yet.

1 Oh. Anyways, so Marilyn and Christine are both
2 professional members of council.

3 The Council is committed to supporting
4 the continuous learning of its membership, and the
5 Barbara Wand Seminar is one of the ways that we
6 accomplish that mission. The fact that so many are
7 joining is testimony to the fact that it's actually
8 being effective, and I think that the fact that it's
9 free of charge and that it's accessible in that way,
10 it really helps that mission go forward.

11 I'm sure that this morning will provide
12 you with a rich opportunity for learning, whether
13 you're here or you're online.

14 We're privileged to have two of the
15 College individuals here this morning, two speakers.
16 The first half of the morning is led by Mr. Barry Gang
17 and the second half by Dr. Morris.

18 So, I'm going to start just by giving
19 you a brief introduction for Barry. So, Barry is --
20 Barry Gang is the Deputy Registrar and the Director of
21 Professional Affairs at the College, and he was
22 formerly the Director of Investigations and Hearings.
23 His responsibilities include leadership in policy and
24 program development at the College, as well as

1 management of the client relations and the quality
2 assurance programs.

3 Prior to joining the College, which was
4 in March 2000 -- so he's been with us for a long time
5 -- Mr. Gang worked primarily with children and
6 families in both direct service and in management.

7 So, thank you, Barry. We look forward
8 to hearing from you.

9 DR. GANG: I should have tried this out
10 first. Ah. Here we go. So, the title of the
11 presentation I'd like to make is "Sticky Issues in
12 Professional Practice."

13 There's always been a really great
14 demand for tricky issues, and in the evaluations that
15 people complete, you know, everybody -- not everybody,
16 but most people, most people who comment want more
17 tricky issues, and the Registrar, who does a
18 phenomenal job at this, is a pretty busy guy, and it's
19 a lot, and I agreed to share the morning, not
20 believing that I could meet the mark of more tricky
21 issues, and -- and I thought about, you know,
22 something that somebody said maybe was a little too
23 cutesy, and I probably would have, you know, if I'd
24 heard that before I'd committed to the title might not
25 have called it "sticky issues," but it is something

1 that I thought was worth talking about, because there
2 are questions that we get.

3 One of the things that I also do is
4 oversee the practice advisory service, and we have --
5 there are questions that, you know, are kind of
6 perpetual questions that we provide the best answers
7 we can to, but there aren't always great answers, and
8 they are what I've come to think of as "sticky."

9 And at the College, you know, in terms
10 of the standards and, you know, the regulations and
11 things like that, we're all about definitions, and you
12 can -- you know, you can parse out, you know, what
13 everything means only to a point, and with "sticky,"
14 I, you know, as I often do, go to the dictionary, and
15 it should be a good dictionary, so the Oxford
16 Dictionary talks about sticky as an informal term and,
17 you know, involving problems that are difficult or
18 awkward. Examples, you know, "the relationship's
19 going through a sticky patch." The other example that
20 they give talks about sort of, you know, political
21 problems that can't get sorted out at a certain level
22 and have to get bumped up.

23 Other titles, you know, I could have
24 used were "You might not like this answer, but it's
25 the best we can give you," or "the best we know how to

1 give you;" "We wish there were a simple answer, but
2 there just simply isn't;" and the other one that, you
3 know, those of you who use our practice advisory
4 service frequently might hear a fair bit is, you know,
5 this - "what it really does is reduce to an issues of
6 professional judgement."

7 So this is the trigger alert. There's
8 uncertainty ahead. Everything I'm going to talk about
9 has a lot of uncertainty. Hopefully that won't turn
10 you off too much. What I hope to do is give you some
11 of the principles involved in trying to sort of, you
12 know, walk through that swamp, and then try and apply
13 them to some of the most common kinds of sticky issues
14 that we -- we hear about.

15 So the disclaimer is that nothing in
16 this presentation, or, for that matter, anything that
17 the College tells you or advises is meant to
18 constitute legal advice. We're not lawyers. We're
19 not qualified. We're not authorized to do that.

20 When your own decisions require you to
21 interpret the law or have knowledge of case law, we
22 really think that the best thing to do is obtain legal
23 advice from a qualified and authorized legal
24 professional, either a lawyer, or, depending on the
25 circumstances, a paralegal who has your interests in

1 mind, because really what, you know, most people are
2 afraid of is doing the wrong thing, and you need
3 somebody who's going to say to you I think I -- you
4 know, these are your options. I think I can help
5 defend you if you do this or that.

6 So the kinds of questions that we get.
7 Last year we got over 1,200 practice advisory calls,
8 mostly from members -- not always -- and they -- they
9 -- they sort roughly into three categories.

10 There are a lot of people who need our
11 help finding the relevant rules, and I'm going to use
12 the word "rules," because statutes, regulations,
13 standards of professional conduct, and codes of ethics
14 and guidelines is just a mouthful and it is, you know
15 -- really is about rules.

16 Our members are very well educated and
17 usually -- you know, are always capable of finding all
18 of this stuff, but it's a lot, and we don't expect
19 that everybody has all of these things memorized or
20 even indexed well, and we're very happy to find --
21 help you find the simple, simpler answers.

22 We do get some calls from people who
23 are really calling out of protest because they don't
24 like the rules, or they don't -- you know, they don't
25 easily address the situation or let them do what they

1 would like to be able to do, or for permission to
2 break the rules, which we can never do. We can't ever
3 say, you know, we think it's okay for you to act in a
4 way that's contrary to the legislation or the
5 standards.

6 In those kinds of situations, those are
7 the kinds of places where we'll say, well, you know,
8 you might have reasons, and if you really want to do
9 that, it's a good idea probably to, you know, give the
10 pro bono legal advice a call and they'll help you
11 through that.

12 The last one again, which is going to
13 comprise most of what hopefully we're going to talk
14 about this morning, or in the first half of the
15 morning, is the situations that test the limits of the
16 rules or don't align well with them.

17 And, you know, there is. There is in
18 many areas a patchwork of legislation that doesn't
19 always match up to professional practice, you know,
20 the policy-makers and legislators -- you know, these
21 things are done by committee and it's extremely
22 complicated, and there's a lot of comprise, and
23 there's a pun I can't remember right now about, you
24 know, things made by committee, and they're not always
25 as -- as effective as, or easy to access as we'd like.

1 So the most popular in recent sticky
2 issues, it's, you know, number one has always been
3 release of information. You know, the release of
4 psychology records to people who request them, the
5 release of raw test data, the release of proprietary
6 materials, those are things that are copyrighted.
7 We've been recently receiving a lot of questions about
8 choosing a professional practice management
9 application. So there are a couple of companies that
10 are advertising software and applications that allow
11 them to effectively manage their practices, and the
12 questions about, you know, can we use them, which one
13 should we use, and so on.

14 We get a fair number -- as technology
15 is advancing, we get a lot of questions about
16 providing services outside of Ontario, our members who
17 want to be able to assist their clients when they're
18 going out of province. We also get questions from
19 out-of-province people who want to follow their
20 clients in here, but that won't -- we won't address
21 that very much this morning. And as I'm sure a lot of
22 you would have predicted, we still get a lot of
23 questions about the supervision of the controlled act
24 of psychotherapy.

1 So those are the areas that I would
2 like to address. I should say that in the past there
3 have -- there's been a problem sometimes getting
4 through all the materials. What I'd like to do is be
5 able to take some breaks in between the issues and
6 take some questions, but it may be that we won't be
7 able to address all questions, so I'll let you know
8 when we've reached the point where we're going to go
9 on to a new issue, and then feel free to ask some
10 questions.

11 So a general approach to the sticky
12 issues, the standards give you a hint about where to
13 go, and there's a standard called general conduct, and
14 a member must conduct themselves so that their
15 activities, or those conducted under their direction,
16 comply with the statutes and regulations, so that's
17 sort of, you know, a parented program, but we do give
18 you a bit more information in the practical
19 application of the standards that gives you, you know,
20 what the hierarchy of rules is.

21 So, you know, the first thing that
22 trumps everything is legislation, then the regulations
23 under the legislation, then the standards, then the
24 code of ethics, and then any other ethical guidelines

1 that you have access to, and some of which, you know,
2 you can find on our website.

3 I want to call particular attention to
4 the CPA code of ethics for psychologists and the the
5 relatively new fourth edition. Now the principles
6 remain I think the same they've been for a while, but
7 they are, you know, hierarchical also, so they give
8 you the general order if there's ever a conflict, and
9 I don't actually very often see conflict between them,
10 but, you know, the highest principle is respect for
11 the dignity of people, then, you know, being
12 responsible in the way you provide care, integrity in
13 your relationships, and responsibility to society.

14 And those of you who haven't -- and I
15 hope most of you have read the code of ethics
16 carefully, because it really is a very rich document,
17 and I'm going to paraphrase and summarize some of the
18 information because it's dense, and I just wanted to
19 give you an idea of some of the things that it talks
20 about when you do need more help than just looking at
21 the principles, where the answers don't jump off the
22 page at you. And it tells you wisely to look at, you
23 know, the individual and group's characteristics, you
24 know, what are the moral rights of people, what are
25 their values, what's in their best interests, what

1 contributes to their wellbeing, looking at the
2 context, and there are a lot of different contexts:
3 cultural, social, historical -- all of those kinds of
4 things. Look at your own biases and look at whether
5 they're affecting the kinds of options you're
6 generating when you have a sticky issue to get
7 through.

8 What are your personal needs? What is
9 your self-interest? We all have those things. Looking
10 at, you know, the various options, they have, you
11 know, short-term, long-term effects and risks, and you
12 should be looking at those also.

13 And when it comes to an issue of
14 personal conscience, and there -- there will be, you
15 know, within, you know, most people's career span
16 times when personal conscience comes into it, and we
17 can't avoid that, and make sure your own decision-
18 making process is based on a -- on a coherent sense of
19 ethical principles that can bear public scrutiny.

20 So that's a lot of words. I don't
21 expect that, you know, that's what you're going to be
22 what you take -- you're not going to remember this all
23 in five seconds, but it's worth looking at.

24 So you'll hear professional judgement a
25 fair bit, and you will have to use professional

1 judgement. We -- you know, it's a self-governing
2 profession, which means that people are really
3 responsible for their own decisions, and you do have
4 to apply reasoning, and, you know, one of sort of the
5 simplest things to think about: what's in the best
6 interest of the client.

7 Some of the time when we take practice
8 inquiry questions, you know, people actually frankly
9 say, and it -- you know, people do worry about what is
10 the College going to say when I do this or that, and
11 it's a legitimate question, but it really does circle
12 back to what's in the best interest of the client.

13 And, you know, I sat with the ICRC, the
14 Inquiries Complaints and Reports Committee, and before
15 that the complaints committee for many years and
16 watched as they deliberated, and the questions that
17 they really -- you know, when it comes down to -- when
18 there really wasn't a clear answer was did the member
19 really do due diligence when determining what the
20 appropriate options were?

21 You know, sometimes the answer's very
22 clear but, you know, many times it isn't. So, you
23 know, the job is really to do your research, speak to
24 people, call us. If you got it wrong, or in
25 somebody's opinion wrong, it works well that you've

1 done your due diligence and that you can provide a
2 reasoned explanation for whatever it is you decide to
3 do.

4 You know, that's really all we can ask from
5 people, and it's all anybody can, I think, really ask
6 from people when the answers are not clear.

7 So, before I get to that -- I don't
8 know if I'm going too quickly or whether people has
9 any comments or questions or whether I should just
10 push ahead? I'll push ahead.

11 The most popular question recently was
12 about release of information, and, you know, to start
13 talking about releasing a psychological record to
14 someone who requests it. And the questions that I'm
15 going to pose are compensate questions, but they all
16 have, you know, pieces that come from real questions.

17 So, it wouldn't be unusual for us
18 to hear from a member who says a lawyer for a client
19 that I've been treated for several years has requested
20 a copy of the client's file. We hear this from time
21 to time: "I was trained never to provide file
22 information to clients and only to provide it to
23 another psychologist."

24 "I've been treating the client for
25 complex trauma-related difficulties. I'm worried that

1 giving them this information could lead them to
2 misunderstandings and unnecessary distress, and I'm
3 worried that the information will be distorted and
4 misused in the ongoing litigation and this could
5 further traumatize the client, and I'm facing a
6 complaint, I've been threatened with a complaint if I
7 refuse to release the files, so what should I do?"

8 And, you know, many of you probably
9 have been in this situation. So we start with the
10 legislation, and we look at PHIPA, which affects most
11 of the work psychologists and psychological associates
12 in the Province do. Not all. There are other pieces
13 of privacy legislation that govern your work, and if
14 you're working in one of those settings, you'll know
15 which ones they are, whether it's FIPPA or MFIPPA or
16 some other really sort of -- I probably shouldn't say
17 obscure, but, you know, a relatively rarely used piece
18 of legislation, but we'll talk mostly about PHIPA.

19 So, PHIPA talks about a right to
20 access. So, this is a legislated right. All of us
21 want to have free access to the health information
22 that our own health professionals gather, but there
23 are some exceptions to the right of access, and I want
24 to point out that, you know, these are exceptions to
25 the right, but they're not prohibitions on providing

1 this information; they simply give you some discretion
2 to not release the information.

3 And, you know, there's not a lot of it,
4 but legal privilege, so that, you know, if you're
5 involved in a legal proceeding, then you'll know that
6 there are -- where there will be likely lawyers
7 involved who are saying that, you know, you're not --
8 you're not -- there's no entitlement to this
9 information.

10 If there's a law or a court order
11 prohibiting the disclosure -- so you might find if
12 you're involved in a case and there's been a sealing
13 order put down by a judge, if the information was
14 collected or created primarily in anticipation of --
15 or for use in a proceeding, and many of the cases that
16 we hear about are about, you know, people's clinical
17 files which weren't produced in anticipation of a
18 hearing or something like that, you know, inspections,
19 investigations, things like that, but the most common
20 issue is the fear that granting access could be
21 harmful, and it's a very high bar granting access.

22 You don't have to respect the person's
23 right to access if there's a risk of serious harm --
24 so serious is undefined, and there's judgements to be
25 made about that -- to the treatment or the recovery of

1 the individual. Not everybody realizes that that's in
2 there, but it is. Or there's the risk of serious
3 bodily harm to the individual or another person, so
4 the bar is pretty high.

5 And then we look at the standards, and
6 the standards require you to give access unless it's
7 prohibited by law or you're otherwise permitted to
8 refuse, and then it jumps back to the legislation.

9 So let's look at those concerns that a
10 member might have. They were trained never to provide
11 the file information to clients. Well, it doesn't
12 meet any of those -- there's no exception in the
13 legislation or the standards that would support that
14 training.

15 As you'll hear later, there are some
16 things related to the release of information where
17 that might be -- pieces of information related to this
18 that one could possibly argue that that would fit
19 with, but not the general case with providing
20 somebody's file. The client's vulnerable and it might
21 cause them distress. Well, it might, but the bar, as
22 I said, is very high: serious harm to the treatment or
23 the recovery or serious bodily harm.

24 Or, you know, that the information
25 could be misunderstood and misused, and I guess, you

1 know, that jumps back to harm and what's the potential
2 harm of that misunderstanding or having the
3 information misused.

4 Now, in many cases, an argument can be
5 made, but not always.

6 So, in a -- you know, in the general
7 case, you could -- you know, the next leg of the
8 conversation might, you know, continue with "So it
9 looks like I may have to provide the record. What
10 about my legitimate concerns that, you know, the
11 information may be misused but it hasn't met, you
12 know, that very high threshold that the legislation's
13 put in place?"

14 We ask, you know, could the risk be
15 mitigated somehow? Just because you can't refuse to
16 provide the information to another qualified
17 professional, you might try and encourage this. You
18 know, without misleading or somehow giving the
19 indication that you're not allowed to but, you know,
20 engaging in the discussion and saying it's in
21 everybody's best interest that I release this to
22 somebody who really will be able to answer questions
23 and help the client navigate through this possibly
24 difficult information.

1 Of course, you know, providing
2 education about the risks of misunderstanding and
3 misusing the information.

4 Now, those of you who, you know, often
5 get involved in litigious cases know that that's not
6 going to make everybody happy, and they'll just say,
7 no, you're required to give it to us; give it to us.
8 So you can provide a written warning about the risks
9 that, you know, you can put as an addendum or, you
10 know, at the -- you can insert it at the beginning
11 and, you know, put it anywhere you think it might have
12 some sway, and you can also think about whether
13 there's anything that you can legitimately sever from
14 the information so that you're giving them everything
15 that, you know, they are entitled to but holding back
16 a small piece that you might be able to sever.

17 If risks can't be mitigated and the
18 legislation permits you to refuse to give the
19 information, in specified circumstances PHIPA
20 actually requires formal written notice that you're
21 refusing a request in either whole or in part, and in
22 some cases you have to provide a reason and also let
23 the person know that they're entitled to make a
24 complaint about the refusal of the information to the
25 information privacy commissioner.

1 So you may have to give them everything
2 in the file or parts of things in the file, and then
3 the next question that people ask is, "well, what
4 about the raw test data?" And that's -- that is
5 something that a lot of people scratch their heads
6 about, and which we sometimes have to read carefully
7 just to, you know, help navigate in that situation,
8 because PHIPA, which most of you work under, actually
9 has an exception to that right of access, specifically
10 for raw data from standardized psychological tests or
11 assessments. It also talks about being able to sever
12 that and provide everything except that, so it's not
13 an automatic right in legislation. Excuse me.

14 And, again, it's an exception to the
15 requirement to provide. It's not a prohibition. And
16 it only applies to PHIPA. It doesn't apply to PIPEDA,
17 which a lot of you also work under, or any other
18 pieces of privacy legislation. It's really a creature
19 only of PHIPA.

20 So when this - you know, the question
21 then becomes does PHIPA apply? And I -- and as I'm --
22 as I'm sort of spitting all this out quickly, I -- you
23 know, I'm not and we're not expecting that everybody's
24 going to remember all of this and when you get this
25 difficult request that there will be a need to go

1 through this, and, you know, anybody who asks us to
2 help walk you through, we're always happy to do that,
3 but, you know, this is sort of a sample for you, you
4 know, all the sort of machinations and mental
5 gymnastics that sometimes have to occur.

6 So does PHIPA apply? So there's
7 actually case law that speaks to this, and this is a
8 Federal Court of Appeal decision that's a 2008
9 decision, but it's still applicable. It hasn't been
10 overruled that we know of. And it has to do with a
11 physician who -- where somebody was trying to get a
12 physician's handwritten notes and made a request that
13 was denied, and the arguments had to do with whether
14 it was PHIPA or PIPEDA, and, you know, that stuff
15 isn't so germane to this topic today, but really what
16 came out of it -- a very sort of salient statement was
17 the judge in this case said that it's common ground
18 that PHIPA doesn't apply to doctors performing an
19 independent medical examination.

20 And that reasoning -- and again, we
21 can't give you legal advice, but it's something that
22 you should know about when you're faced with this,
23 those of you who are doing, you know, independent
24 examinations that aren't being done for the purpose of
25 providing healthcare but you've been retained in the

1 course of litigation to provide an opinion. So that's
2 one of the cases that sort of gives people, you know,
3 reason to scratch their heads.

4 And then there's another one that's a
5 bit closer to home, and this was a decision by the
6 Information and Privacy Commissioner of Ontario, and
7 it had to do with a psychologist in Ontario who
8 received a request to correct a custody access
9 assessment, and the Information Privacy Commissioner
10 Adjudicator said that the psychologist wasn't a health
11 information custodian when they did that custody and
12 access assessment, and because of that, they didn't
13 make a decision about whether the information --
14 whether the psychologist was required to correct the
15 record, and I don't know what ever happened to that
16 case. I don't think there's a case on the record
17 anywhere that we've been able to see that actually
18 addressed it. Whether the people gave up or the found
19 some other mechanism, I don't know, but the request to
20 request a correction under PHIPA wasn't there so the
21 complaint wasn't dealt with.

22 So again, the same thing. It was, you
23 know, a statement from an authority that PHIPA didn't
24 apply to this work.

1 So, you know, this is a terrible
2 problem because here you are faced with these
3 requests. The legislation is very hard to read, and
4 it's a bit of a patchwork, and you have to find
5 yourself matching up sections back and forth and, you
6 know, so you say do I really need to know definitely
7 whether PHIPA applies to this situation, and very
8 fortunately -- and this is a conversation I have with
9 other colleges, where they're faced with the same
10 kinds of things, and we're all relieved that there's a
11 great deal of overlap between the requirements of
12 those -- those Acts, and for many purposes, you're
13 probably safe by going with sort of the common
14 denominators between those Acts, because the
15 requirements are very similar.

16 But with raw data, that's -- that's
17 another story, because raw data -- I wasn't around. I
18 didn't follow the -- sort of the debate when that
19 provision of PHIPA was -- was instituted, but our
20 standards actually speak to that. They directly
21 address it, so when the standards of professional
22 conduct -- and I guess this was -- I mean, this was
23 certainly well before the current one. It was -- I
24 guess it was probably at least in the early 2000s or
25 earlier, the College -- and then I guess counsel of

1 the College put in place a standard that when
2 reasonable and appropriate, raw data from standardized
3 psychological tests and other test data must upon
4 request and with proper authorization be released to
5 clients and others.

6 So I've led you sort of down the garden
7 path because this is often the -- pardon me -- the
8 trail that people go down, but when you go -- you
9 know, when you get right down to it, the standards
10 actually tell you that when it's actually reasonable
11 and appropriate you actually do need to provide the
12 raw data.

13 The next question is how do I know if
14 the request is reasonable and appropriate, and that's
15 a really hard question, and it's a question that
16 internally staff talk about, you know, and I would
17 have loved to have been able to give you some good
18 examples, but, you know, we -- it's a difficult one.

19 So there's no definition provided for
20 reasonable and appropriate, and again you -- you know,
21 what else can you really do but go to a dictionary, a
22 dictionary that you request -- that you respect, and
23 Oxford gives you, you know, something that leads you
24 to want to have even more definitions of words, but is
25 it fair and reasonable, and the example being no

1 reasonable person could have objected; appropriate; is
2 it suitable or proper. Again, they define it in the
3 negative. This -- you know, "This isn't the
4 appropriate time or place," is an example.

5 And, you know, it really does come down
6 to that. It comes down to if - if, you know, a
7 committee of your peers had to be convinced about
8 whether it was reasonable and appropriate, could you
9 -- could you convince them?

10 And, you know, it has to do with, I
11 guess, with being able to provide a logical argument
12 that would take you from A to point B to point C
13 instead of from A to point E to point F.

14 You know, those of you who might be a
15 little bit like me and never really know what the
16 conclusion of what I'm writing is going to be until
17 I'm actually writing it, or I might think it's one
18 thing and it's something completely different by the
19 time I get to the conclusion will recognize that it's
20 a useful exercise to actually map it out and say,
21 yeah, this makes sense, or maybe something else will
22 make more sense.

23 Again, it's also very hard to provide
24 examples, because no two cases are the same, and you
25 have to take into account all the circumstances.

1 So, you know, examples, we had a hard
2 time internally coming up with examples. First of
3 all, you know, the reasons for requesting the
4 information, if you go down that route, you'll find
5 that it's not a relevant question. Somebody may be
6 entitled to something and may have, you know, bizarre
7 or even outrageous reasons, but as long as it doesn't
8 hit any of those sort of risk factors or legal
9 exceptions, it doesn't matter why they want it.

10 You know, we've already talked about,
11 you know, the statutory provisions, you know, and
12 risks and things like that. You could think about
13 things like, you know, did the request involve
14 timelines that could be met? You might get some
15 unreasonable and outrageous timelines and just can't
16 do it. Was the person willing to pay your costs? Which
17 may not be insignificant if you have to go through a
18 very large file and, you know, sort out what you can
19 give and can't give or what's dangerous and what
20 isn't.

21 So we're still -- I know this is a lot
22 of information. There's more to be said about release
23 of information, but if anybody has any burning
24 questions before I, you know, cause too much

1 interference in your thoughts, you know, I'll take a
2 question on things so far or I can motor ahead.

3 Oh, okay. There's a microphone here
4 which is really for the benefit -- it's a small room,
5 but for the benefit of the online people.

6 UNIDENTIFIED SPEAKER: In complaint
7 HA147, that psychologist denied a request, was that
8 his report or was he -

9 DR. GANG: It was his own report.

10 UNIDENTIFIED SPEAKER: -- and so he -
11 he made the report and he saw something in it and then
12 he was not allowed to go back and correct it?

13 DR. GANG: No, from what I understand
14 and remember, it was the client who saw the report and
15 thought the psychologist got something wrong and
16 wanted it to be corrected, and for some reason that I
17 don't remember, the psychologist didn't think it would
18 be appropriate to make the correction that was
19 requested.

20 UNIDENTIFIED SPEAKER: So it was the
21 psychologist who thought it was inappropriate to make
22 the correction?

23 DR. GANG: Correct.

24 UNIDENTIFIED SPEAKER: Okay.

25 DR. GANG: It wasn't a warranted

1 correction. Yeah. Yeah.

2 Okay, so we can go to, you know, the
3 next thing that -- we do get a fair number of -- there
4 was a fairly recent spate of questions on this, and we
5 don't at the College don't subscribe to the
6 listserves. We don't watch what's going on. We figure
7 that's your private space, and we don't, you know --
8 but every once in a while people send us, you know,
9 screen shots of it, and we do know there was a fair
10 amount of activity somewhere about the copyright stuff
11 and copying answer sheets, so, you know, the next sort
12 of composite question might be, "Okay, I can't provide
13 a reasonable rationale based on the specific
14 circumstances of the case to refuse to give them the
15 raw data. I guess I have to provide it with a strong
16 warning and so on and suggest that they review it by a
17 qualified professional -- with a qualified
18 professional. Can I just simply photocopy the score
19 sheets and send them?"

20 So I don't know how many of you have
21 been sort of recently engaged in those discussions.
22 There was enough activity on, you know, that we -- we
23 sat down and thought, okay, enough people are
24 struggling with this; we really should be looking at
25 it.

1 So, you know, there is a standard that,
2 you know, addresses this to a certain extent, almost
3 fully. So you are expected to protect the security of
4 tests and respect test copyright. To this end, you
5 should be able to distinguish between the data and the
6 test materials. When reasonable and appropriate, it
7 tells you what I just said, that, you know, raw data
8 needs to be released and, you know, the material, such
9 as test questions and stimuli and manuals, and
10 protocols shouldn't be released except as required by
11 law, and most of you would, you know, know that
12 intuitively. You know, it would be inappropriate to
13 put test integrity at risk by putting information out
14 there that future test-takers shouldn't see.

15 The other difficult part of it, though,
16 is that you are subject to the purchase agreements
17 you've made with the people who see you those tests
18 and to copyright law.

19 And we tried to assist, not as
20 successfully as I would have liked to, to get
21 information from some of the bigger test publishers
22 that we could share with you. So I did send some
23 letters out, or some messages out, and got a few
24 responses, actually two. I tried.

1 So -- and I did let them know that I
2 would be sharing the responses with members of the
3 College and they knew what my role was in asking the
4 question.

5 So Western Psychological Services said
6 that prior written permission isn't required if the
7 sole purpose of sharing -- and you've got to watch the
8 words here -- sharing an administered consumed
9 protocol -- so something that has the answers already
10 -- with somebody who has a legitimate need to know as
11 defined by you in your professional judgement in
12 accordance with the standards.

13 So, you know, their -- it's obvious
14 that, you know, you would need their permission to be
15 photocopying empty answer sheets, which you shouldn't
16 be doing because those are copyrighted, and they do
17 take care that they are only speaking about their own
18 instruments, the things that they create, and not the
19 instruments that they just distribute on behalf of
20 other publishers.

21 Multi Health Systems' response to us
22 that they said was okay to share with you, or that at
23 least knew they knew we were going to share with you
24 before they answered, was that the only time that they
25 can allow -- they will allow copies of completing

1 instruments to be made is in the exact circumstances
2 you described. And, you know, the question I asked was
3 about copying or scanning completed score sheets to
4 facilitate communication between qualified
5 professionals who wish to share information about a
6 client who's been assessed with one of your
7 instruments.

8 It's -- and they say it's okay to make
9 copies and share test results with another qualified
10 professional, but those are the only times that they
11 will permit it.

12 We -- we -- one of our members who was
13 involved in one of these situations shared a response
14 from PAR, and I haven't verified it, but they did
15 share the response that I'm sharing with you, that --
16 yeah, I guess the most clear thing they said was that
17 when you choose to purchase copyright materials, as a
18 condition of purchase you agree not to produce or
19 adapt copyrighted materials in any way for any
20 purpose.

21 And I - you know, different publishers
22 are going to say different things, and, you know, so,
23 you know, what do you do? Is this a question that we
24 can't give you an answer to, because we don't
25 ultimately control what the outcome is going to be.

1 You know, reproducing copyrighted materials could put
2 you at risk of action by the company for violating
3 copyright, and I think the only thing you can do --
4 and it's not that onerous, I don't think, is when you
5 purchase a test, you should ask the customer service
6 person -- one of the reasons I didn't get through to
7 some of these publishers was because I had to be a
8 registered client. They have people who will answer
9 people who are purchasing tests, so you do have access
10 to customer service for anybody who's selling you
11 tests.

12 And I would make it part of your
13 purchasing routine. Every time you buy something from
14 a publisher for the first time -- and they're not --
15 there are not that many publishers, and you'll
16 probably buy, you know, multiple tests from the same
17 publishers -- is to query them and make -- you know,
18 ask them the specific question about, you know, what
19 to do when you get these kind of requests and keep
20 those responses on file for future reference.

21 And there will be times when they will
22 say no, and those are the times when unfortunately
23 what you may have to do is actually take the raw
24 answers and transcribe them, put them on a blank piece
25 of paper.

1 If you are contemplating copying them
2 anyway, I would suggest that you use -- you know, it's
3 a good thing that most people buy their professional
4 liability insurance through one of the professional
5 associations, and you're entitled to pro bono legal
6 advice, and this would be a good reason to use that --
7 that service, because if you are contemplating taking
8 a chance, it's a good idea to have a lawyer's opinion
9 in your back pocket and somebody will be able to say,
10 I don't think I'll be able to defend you if you do
11 that because there's no good defence.

12 So that's -- you know, that's, you
13 know, a pretty quick run-through of sort of the
14 release of information questions that we get over and
15 over. It didn't give you any clear yes/no/you can/you
16 can't answers but hopefully, you know, an idea of the
17 kinds of -- the kind of a process to go through.

18 Does anybody have any questions before
19 we move on to the next sticky issue? The back?

20 UNIDENTIFIED SPEAKER: I actually have
21 two. The first one is that could you entertain the
22 idea of talking to your client's lawyer about these
23 things and just saying, hey, I know that under PHIPA I
24 have to -- you know, I have to give you access to this
25 and this and this, and I'm more than happy to do so,

1 but considering, you know, that there's probably
2 portions of this that won't be too relevant for you --
3 because sometimes they don't know what's going to be
4 in the file -- how about we, you know, for now I'll
5 disclose this and this and that, and if you need more,
6 of course, we could do it later, but could you kind of
7 have that type of discussion with the lawyer first?

8 DR. GANG: Absolutely. I think that's
9 a really good idea.

10 UNIDENTIFIED SPEAKER: Okay.

11 DR. GANG: You know, knowing that
12 they're really -- on the other side, it's a matter of
13 rights, but, you know, if you're approaching it from
14 the place of wanting to be helpful and giving them
15 information that's going to be meaningful and useful,
16 if you've established, you know, some kind of trust,
17 it's a really good idea to try.

18 UNIDENTIFIED SPEAKER: And then I guess
19 you just document that you've had that discussion with
20 the lawyer --

21 DR. GANG: Sure. Sure.

22 UNIDENTIFIED SPEAKER: -- and then put
23 that in the file?

24 DR. GANG: Sure. Yeah.

25 UNIDENTIFIED SPEAKER: Okay.

1 DR. GANG: I mean, you can be sure if
2 there hasn't been an agreement on that, they won't --
3 you know, they won't stop demanding, but yeah.

4 UNIDENTIFIED SPEAKER: Just -- hi --
5 just one more comment. Karen Cohen, Canadian
6 Psychological Association. I think, you know, one of
7 the issues that -- that you didn't mention that I
8 think is an issue more importantly than running afoul
9 of any copyright law is what happens to validity and
10 reliability of tests when questions and answers get
11 out in the public domain. Likely not a huge threat,
12 you know, just disclosing one -- one record, but you
13 can buy WISCs and whatnot on eBay, and this a
14 challenge for the profession at large about these
15 getting out into the public domain.

16 DR. GANG: Yeah, I probably brushed
17 over that a little too quickly, and certainly whenever
18 you believe that it's going to affect the integrity of
19 what you do, it's -- that might be one of those
20 situations in which it's reasonable and appropriate to
21 not provide the information.

22 UNIDENTIFIED SPEAKER: Hi. Just to sort
23 of follow up on Dr. Cohen's question there, it's not
24 just about the protocols. The situation I've
25 encountered is someone in their report describing

1 effort measures in such detail that it would spoil it
2 for anyone who's read the report. I'm not sure what
3 my responsibly is there, but that is a big, big
4 concern to me, and it's not just the protocols,
5 though, it's the report itself. Yeah.

6 DR. GANG: I don't know if that was a
7 question, but it was useful information, because it's
8 something that's a struggle.

9 Okay, so let's go on to the next one.
10 We get a fair number of questions, especially, you
11 know, in the last year about cloud hosting of records
12 and communication and external vendors, and there are
13 some companies that a lot of Ontario psychologist and
14 psychological associations are -- are beginning to
15 use, and we get the, you know, question that sounds
16 something like "I'm considering signing up for an
17 online professional management system that stores my
18 records, schedules appointments, handles my billing,
19 allows me to communicate with clients. There are a
20 couple services I'm looking at and I wonder whether
21 you can make any recommendations to me."

22 So these are something that are
23 definitely meeting a need and keeping a lot of people
24 organized, and what you'll hear from us -- and I hope
25 you can understand why we can't endorse or approve or

1 prohibit the use of any particular vendors or
2 products, and we just -- we won't do that. You know,
3 it's just not something we can entertain doing.

4 You know, we start to answer the
5 question with looking at the legislation again, and in
6 most cases it's PHIPA, and PHIPA talks about the
7 responsibilities of a health information custodian,
8 and that's you in most cases, and it says that you
9 remain responsible for any personal health information
10 collected, used, disclosed, retained or disposed by
11 the custodian's agents, and I -- my understanding is
12 that when you provide that information to a third
13 party and making that person an agent, you are still
14 responsible for the information.

15 And you look at the standards, and
16 there are a lot of standards that speak to the kinds
17 of things that these valuable vendors are going to be
18 doing for you.

19 You know, you are expected -- you know,
20 I read that to mean you are -- you know, the vendor is
21 acting on your behalf, but you are expected to
22 practice according to all the statutes, regulations,
23 standards, codes of ethics, etcetera, so you want to
24 choose somebody who's going to actually be practicing
25 in a way that is not going to put you offside.

1 You know, I'm not going to go through
2 all of the standards, because there are a lot of them,
3 but, you know, you're required to ensure the security
4 of records kept in electronic form. You may not be
5 physically doing it, but you need to ensure it.

6 You know, making sure that they -- that
7 they have knowledge of the risks and have risk
8 mitigating strategies and all of that stuff, and that
9 they're going to ensure that the records are secure
10 and accessible for the entire retention period, and
11 you all know how long that is, you know, making sure
12 that they're protected from loss or tampering.

13 You know, there's rules about
14 transmission and disclosure. Those companies that are
15 going to be doing, you know, fees and filling, and
16 might have ancillary charges attached to the services
17 for collecting unpaid fees and things like that, you
18 need to make sure that whoever you're using, if
19 they're going to be handling your -- some of the
20 business aspects of your practice that they're doing
21 it in a way that you can stand behind.

22 "The vendor provides messaging with
23 client, but I've heard the client absolutely prohibits
24 communication with" - or, pardon me, " -- the College

1 absolutely prohibits communication with clients via
2 email or other electronic media."

3 We've heard that and it's fake news. I
4 say that it's actually fake news, but you might not -
5 I don't know. I don't know how that works. But anyway,
6 I mean, the message you'll get from us is that it's
7 inappropriate to allow personal health information to
8 be viewed by anyone under -- other than the intended
9 recipients, and for that reason, anything that you
10 send out, we think, you know, should be covered by
11 end-to-end encryption, not just password protection,
12 encryption, which means that somewhere during the
13 route, the characters and, you know, letters get
14 scrambled and then unscrambled so that if anybody
15 actually hacks in, they won't be able to read it, so
16 that only the sender and the intended recipient have
17 the key that allows them -- you know, which is usually
18 a password these days -- to access the information.

19 "I think the service is hosted in a
20 foreign in a country. Would this be okay?" And
21 there's been a lot of back and forth about that, and
22 we've actually, you know, engaged with some of the
23 vendors who've been talking to us about this, and our
24 answer is, does the privacy legislation in wherever

1 the data's going to be stored or way it may be
2 transmitted through afford adequate privacy?

3 That's really all we can say. There's
4 a debate about whether service located in other
5 countries permit more unauthorized access or more lax,
6 you know, usually through their law enforcement, than
7 we are in Ontario or Canada.

8 The question comes up "can I use a
9 system that stores data in the US?"

10 I think there's been a misunderstanding
11 that there was a rule against it. There isn't.
12 There's -- you know, the Information Privacy
13 Commissioner has come out and said there's no
14 legislative prohibition on this, that the risk of
15 information held in the US is, you know, there's no
16 greater risk than having things in Canada because
17 Canada law enforcement agencies actually have
18 similarly robust powers to get information in Canada.
19 Agencies in Canada, the US, and other countries do
20 have the ability to reach across borders.

21 So you know, there was a lot of talk
22 about the Patriot Act. There's no real rule against
23 it. The Federal Privacy Commissioner, which applies
24 to the PIPEDA work that you do, but it's also
25 important to get the general principles from other

1 credible organizations. PIPEDA doesn't prohibit it
2 either. What they do say is the transferring
3 organization is accountable for the information, so,
4 you know, ultimately the information that you provide
5 somewhere else that may end up somewhere is still
6 something you're accountable for, and that you have
7 protect it, and usually it's by means of whatever
8 contract you establish with those people, so you
9 really, really do have to work at establishing a
10 contract that you can be satisfied with.

11 And -- and they go further to say that
12 you should be transparent about the -- the process
13 with whoever that information relates to.

14 So this all got a little bit -- this
15 all was sort of thrown up in the air a little bit when
16 the Office of the Federal Privacy Commissioner made
17 findings in a case of an Equifax, you know, the credit
18 rating company. There was a complaint against them,
19 and, you know, people's social insurance numbers were
20 transmitted across borders and inadvertently, or
21 without -- you know, without adequate controls, I
22 guess, were -- were released, and that's, you know, a
23 really significant breach, and the Privacy
24 Commissioner of Canada found that they should have

1 obtained expressed content from individuals before
2 sending such personal information to the US.

3 So they're now encouraging that if
4 you're disclosing personal information across a border
5 that you need to express -- get expressed consent and
6 give individuals information about any options
7 available to them if they don't want their information
8 disclosed across borders. The message is that you're
9 not relinquishing control if you give it to a third
10 party. And there's a current stakeholder consultation
11 that many of you may have seen where they're now
12 serving stakeholders to revise their policy position.

13 So that's live, but just as I started
14 to put the presentation together, I got something on
15 one of the list serves that I subscribe to that even
16 put that on hold, because there -- they're suspending
17 this consultation because there's going to be a new
18 digital Charter.

19 So it's really their -- and, you know,
20 they're saying that their situation remains fluid, and
21 they'll continue to monitor and provide updates --
22 this is the Privacy Commissioner -- and, you know,
23 we'll do our best to do that also.

24 So all of that to say, you know, this
25 is -- this is a dynamic situation and you need to do

1 the best you can, and there are no absolutes in this,
2 and the best you can is the best you can, and, you
3 know, the simple way -- and it's a very simpleminded
4 thing, but it really is -- it's an analogous situation
5 to, you know -

6 And, you know, this -- the -- I'm going
7 to give you some extremes. The situations you're in
8 are probably somewhere in the middle, but you need to
9 calibrate sort of where they are. You know, would you
10 leave your files in a cardboard box in the unlocked
11 hall closet or would you buy a heavy gauge metal
12 filing cabinet with one of those high quality locks
13 and a key that you can't have copied for less than a
14 couple hundred bucks, you know, or -- or how close are
15 you going to be to either of those extremes or, you
16 know, are you going to drop a person's psychological
17 record in an unsealed envelope on an unattended desk
18 for pickup? It has happened. It could be picked up by
19 the wrong person, and that's happened too. Or would
20 you use a bonded courier to deliver a sealed envelope
21 with signature required?

22 So, you know, where are you on that
23 spectrum when you're making these decisions, and how
24 much confidence do you have in the company?

1 You know, tax season just ended. I
2 love the H&R Block ads. I've never used them, not
3 because I wouldn't, so I'm not endorsing them or -- or
4 recommending them, but I love their ads: "Your brother
5 knows fantasy brackets, not tax brackets." You know,
6 "Kids coach knows T-Ball, not T4s," etcetera,
7 etcetera. "Your chef friend knows reductions, not
8 deductions."

9 The College knows your standards, but
10 it doesn't know systems. We're not systems experts.
11 We don't have the expertise. We don't have the
12 resources. Really, you know, we'll help the best we
13 can in terms of application of standards, but trust an
14 IT professional about, you know, IT security.

15 This is probably too small for you to
16 see, but it's -- it's just a screenshot of what the
17 Information and Privacy Commissioner put up just last
18 month about, you know, safeguarding records and
19 talking about taking reasonable steps to protect
20 personal information in your custody or control, and
21 it means not just in your custody; it's in your
22 control, you know, even through contract with an
23 external vendor.

24 And it talks about, you know, technical

1 safeguards to protect electronic data. The URL is at
2 the bottom of the sheet and if you can't read it here,
3 it's printed in the materials.

4 I don't even understand what some of
5 this stuff means, but you want to make sure that if
6 you are going down the route of having, you know, your
7 client's personal, sensitive data handled by someone
8 else that you have people who understand this stuff
9 who have, you know, the credibility to help you
10 through that.

11 So that's a lot, and there's not a huge
12 amount of time, but if -- if anybody has one question
13 even about this? The mic's not on.

14 UNIDENTIFIED SPEAKER: Oh. Yeah. I'll
15 I'll try again. My question is if I'm receiving email
16 messages from people who are not clients but are
17 interested in becoming clients and I respond by saying
18 please call this number because email is not
19 considered confidential, is that sufficient? Because
20 my understanding is these people are not yet clients.

21 DR. GANG: Right.

22 UNIDENTIFIED SPEAKER: So I don't know
23 if other people struggle with that same question, but
24 --

1 DR. GANG: So it's an interesting
2 thing, and, you know, using the issue of whether they
3 are a client is an important concept from the point of
4 view of the College standards, I guess, but when
5 they're providing personal health information, you're
6 then the recipient of personal health information, and
7 I think you have some obligations with respect to, you
8 know, if not legal, ethical, moral obligations.

9 And, you know, it's a good idea to let
10 the person know. You can't control what people send
11 you, and you're probably not going to block them, but
12 it's a good idea to educate them and say, you know,
13 I'm happy to hear from you. I'm concerned that you
14 may be sending me information that somehow could get
15 hacked, so, you know, happy to trade, you know,
16 strictly administrative information, you know, try to
17 contact you, here's my phone number, you know, maybe
18 even appointment setting, maybe, but it's sort of
19 getting into sort of touchy territory. Certainly
20 anything that you put out shouldn't give information
21 that a hacker or somebody who, you know, had
22 unauthorized access to that person's Hotmail shouldn't
23 see.

24 So, again, there's a lot of finicky
25 judgement that goes into that.

1 We all deal with that. We -- you know,
2 we deal with it at the College also, you know, people
3 who -- members of the public who reach out to us, and,
4 you know, the first thing we do is say, you know, this
5 is highly personal, sensitive information, you know.
6 We'd much prefer to speak to you by telephone. If
7 you'd prefer not to, you know, let's do password-
8 protected documents. All you can do is your best.

9 Okay. So let's go on to the next one:
10 Providing services to outside jurisdictions. As I
11 said, we get a lot of questions from people now that,
12 you know, there's great technology that allows people
13 to follow their clients when they go on a work term
14 somewhere, so the typical question might be "I've been
15 working with a vulnerable client for several years.
16 They're going to spend six months working in New York.
17 I really think it's a good idea that they do this, but
18 they're not -- you know, they're vulnerable, and
19 they're reluctant to have -- you know, to discuss or
20 disclose, you know, a history of significant trauma.
21 I fear that the person will experience a setback in
22 our therapeutic relationship if this relationship is
23 disrupted, and it really shouldn't be necessary,
24 because they're coming back. Can I make myself
25 available to her via secure video service?"

1 And this is a question we can't answer.
2 We don't have -- you know, we don't have the
3 authority. Most jurisdictions consider it their duty
4 to protect individuals who are located in that
5 jurisdiction, so, you know, permission can only come
6 from the place in most cases in which the client is
7 located when they're receiving the service.

8 Our position is if it's okay with them
9 and you're doing it ethically and in accordance with
10 the standards, it's fine with us, and that's the very
11 simple answer, but it's not the answer people are
12 looking for when, you know, we say the risk is to you
13 because you could end up being prosecuted in that
14 other jurisdiction for unauthorized practice. You
15 don't want to do that. If it's a North American
16 jurisdiction, it's relatively easy. Just call them or
17 email them and find out, and many jurisdictions have
18 provisions for this kind of thing. Many in Canada. I
19 don't know proportionately whether there's many in the
20 US, but many jurisdictions do make such provisions.

21 And I'm going to just race ahead
22 because there are only a few minutes left.

23 Supervision of psychotherapy. Can
24 someone please -- this is the question. "Can someone
25 please explain who I'm allowed to supervise?" And I

1 hear that -- I hear that, and it's -- it's -- there's
2 a lot of information, and you're not all spending your
3 day following this really complicated debate.

4 The simple answer that I need to remind
5 people of, we need to remind people of: if it's not a
6 controlled act, you can supervise anyone in anything
7 as long as you do it in accordance with the standards.

8 So you of course have to be competent
9 in the service. That goes without saying. But, you
10 know, it's up to you to determine whether the person
11 that you're going to be supervising has enough
12 knowledge, skills and competence to provide whatever
13 supervision you're going to provide, and, you know,
14 depending on how much knowledge, skill and competence,
15 that will help you calibrate how much supervision you
16 need to do and whether or not you feel that you can
17 ethically do it.

18 What about the Controlled Act of
19 Psychotherapy? And I thought I'd remind people who
20 weren't around when the debate that started around
21 2006, which is quite a long time ago now, when the
22 health professions -- I always forget what the R is,
23 and I checked before and I've forgotten again, but
24 HPRAC, which is the -- the arm's length body that
25 advises the government on professional regulation,

1 they did a consultation and produced a document called
2 New Directions, and what they pointed out and what
3 they convinced the government of was that while the
4 consequences of substandard or negligent practice may
5 not always be obvious, survey data, disciplinary
6 cases, court actions, reviews of regulators, and
7 practitioners in their field, based on their
8 experience, have revealed, I guess, a compelling case
9 that incidents of abusive and negligent behaviour with
10 serious consequences occur in the context of
11 psychotherapy.

12 So psychotherapy was marked as a risky
13 activity, and what came out of that was the inclusion
14 in the RHPA of a new Controlled Act, with is the
15 Controlled Act of Psychotherapy, and I emphasize
16 Controlled Act of Psychotherapy because not all things
17 which people refer to as psychotherapy meet the
18 definition of the Controlled Act of Psychotherapy. So
19 it's only those things that meet that definition where
20 the supervision issue becomes a bit either tricky or
21 sticky. I'm not sure what -- where that fits, but --
22 and there's a definition, and again, we have this
23 problem in definition of having the -- all the words
24 in the definition not defined.

1 So, you know, it's treating -- okay.
2 So what does treating mean. That's going to be up to
3 you to determine. By means of a psychotherapy
4 technique? What's a psychotherapy technique? That's up
5 to you to determine. And I know that the College of
6 Psychotherapists is, you know, looking at defining
7 that, but it's an extremely challenging thing to do,
8 and I'm not sure, you know, how -- how that's going to
9 work out, but we think that it's a reasonable thing
10 for -- for all of you to be able to make a reasoned
11 argument about whether this is a psychotherapy
12 technique.

13 Delivered through a therapeutic
14 relationship. That's a little more helpful. So
15 you're talking about their being a relationship.

16 An individual's serious disorder of
17 thought, cognition, mood, etcetera. So what's
18 serious? And, you know, what's serious to one person
19 might not seem serious to another, but you are -- you
20 have to decide what's serious and what -- you know,
21 what you could, you know, defend in terms of an
22 argument of serious, and then again, we meet the word
23 serious in the last part, which is that may serious --
24 seriously impair that individual's judgement, insight,
25 etcetera.

1 So, you know, that's -- this kept us
2 very busy for a very long time, and it still keeps us
3 busy, because people, you know, want help in figuring
4 this out, and this is something that ultimately --
5 maybe eventually there will be some standard.

6 I guess I may skip ahead. I mean, you
7 may be familiar with, you know, the actual Control
8 Act, and the recent regulatory amendment that gave a
9 bit of a window for there to be enough authorized
10 people, but we can -- we can deal with that if there's
11 time after.

12 But the message here is that
13 legislative interpretation can lead to multiple
14 understandings, and nobody's in a position to say
15 which is the right one. It's not -- none of these
16 positions have been tested by either a college
17 discipline committee or the Health Professions Appeal
18 or Review Board or ultimately by the courts. So
19 really it's a matter of coming up with a reasoned,
20 cogent argument for, you know, whether this is a case
21 that meets that definition, and that's as far as we
22 can take you.

23 And I know people push -- they push us
24 really -- you know, what about this, what about this?
25 My opinion on this, Rick's opinion on this -- I

1 shouldn't say that. Rick -- I don't know whether he'd
2 agree with me, but, you know, any -- you know, Juli's
3 -- any -- we have no claim to know the right answer
4 about whether you're working with Mr. Smith and he's
5 complaining of x, y and z and this may, you know,
6 impair him in certain ways, whether that meets the
7 definition. You're the ones that are going to have to
8 maybe, you know, take a paper and pen or, you know,
9 open up a page on Word and make that argument and see
10 whether, you know, it holds water for you.

11 So you -- most of you will have seen,
12 you know, the recent communication of the College
13 where we've -- we've, I guess, expanded our -- our
14 position, and -- and are acknowledging that perhaps
15 the definition we were working under was more
16 stringent than it needed to be, although, you know,
17 some will argue that it's still correct, but we are
18 saying now that you can supervise other regulated
19 professionals who then -- who themselves are
20 authorized to perform the controlled act. Mostly this
21 relates to registered psychotherapists and social
22 workers.

23 And we're saying that, you know,
24 another look -- another way of looking at the -- the
25 legislation could permit you to do that, so we're not

1 going to stand in the way as long as you believe
2 supervision is necessary. There's always that
3 standard about not supervising only for the purpose of
4 facilitating third-party billing.

5 And, you know, that comes with a
6 reminder that when you're supervising, you are
7 accountable in that person who's receiving the service
8 is your client.

9 So I have the -- you know, sticky -- I
10 don't know if you use Goo Gone. Sometimes it works,
11 sometimes it doesn't. Sometimes this information will
12 work for you. Sometimes it won't. But I don't know
13 whether you have any questions?

14 Over here in the middle?

15 UNIDENTIFIED SPEAKER: Hi Barry. It's
16 Barry. Quick question for you regarding psychotherapy
17 and within the Province of Ontario's move towards, you
18 know, improving access to services to their
19 structured, you know, psychotherapy program. Is this
20 -- does the College have any concerns that the way the
21 Province is moving is going to dilute the definition
22 of psychotherapy and what psychotherapy actually is
23 compared to what the potential program is going to
24 look like?

1 DR. GANG: Yeah. We haven't
2 specifically talked about that. I think -- yeah, I
3 mean, that's really all I can say is we don't -- we
4 don't have an opinion on that. You know, it's a
5 balance between access to services by, you know,
6 qualified people. You know, we do believe that
7 services should be accessible, but we also very
8 strongly believe that it should only be by competent
9 people or supervised by competent people. So that's
10 about as much as I think -- I don't know Rick is -- is
11 there any more to say than that?

12 No. Okay. So we're at 10:20, which is
13 the official break time. We have refreshments
14 outside. Unfortunately technology doesn't allow us to
15 feed, you know, the other 1800 or so people, but come
16 back in 15 minutes and -- and we'll continue. And if
17 you think of any questions, email us, please.

18

19 TRANSCRIPTIONIST'S NOTE: RECESS IS TAKEN.

20

21 DR. GANG: I have the privilege and
22 pleasure of introducing Rick, Dr. Morris, who is the
23 Registrar at the College. Probably doesn't need a lot
24 of introduction to most of you, but in case some of
25 you don't know him yet, Rick worked for many years

1 before coming to the College in Children's Mental
2 Health, both as a direct psychological service
3 provider and in senior clinical administrative
4 positions. He frequently makes presentations to both
5 member and non-member groups in Ontario and beyond on
6 a variety of professional practice topics. He's the
7 former chair of ACPRO, the Association of Canadian
8 Psychology Regulatory Organizations, the National
9 Association of Regulators of Psychology in Canada.
10 He's also served on many committees for the
11 International Association of State and Provincial
12 Psychology Boards -- ASPPB, and has been named a
13 Fellow of that organization as well. Rick is the
14 recipient of the OPA Barbara Wand Award for Excellence
15 in the area of Professional Ethics and Standards, and
16 without further ado, the tricky issues you've all been
17 waiting for.

18 DR. MORRIS: Thank you. All right.
19 Good morning, everyone. It's really great to know
20 there are so many of our members, as Barry said, I
21 don't know how many of our members are watching this
22 by webinar, but it's also really nice to see so many
23 of our Ottawa members here in person.

24 One of the things I heard from a number
25 of people was, oh, this is great to have this event

1 because we get to see colleagues that we never get to
2 see from year to year or time to time, and personally,
3 for me it was really great, because I got to see a
4 number of Ottawa members that I hadn't seen in a long
5 time, and that was really very pleasurable to do that.

6 Just a quick note off script before I
7 start. At the break, Karen Cohen from CPA came up to
8 me and she was telling me that in terms of the
9 practice management software Barry was talking about,
10 due diligence around that. Apparently CPA is working
11 on practice management software, and they're going to
12 make it available as a customer service, so they're
13 going through all of the contract work and the due
14 diligence that Barry's suggesting that any individual
15 member might have to do if you're thinking about
16 contract -- or if you're thinking about practice
17 management software.

18 So I guess the best thing I can do is
19 say stay tuned. Karen's hoping that this will be
20 ready by sometime this year, so maybe something to --
21 to look at.

22 Okay. Tricky issues. Many of you have
23 seen my -- my rules for this -- interactive, and
24 that's not usually a problem. As you know that I
25 usually provide a number of options and I like to let

1 people know that more than one option may be a good
2 option.

3 I don't restrict myself to one right
4 and three or four wrong. I also don't assume that I
5 necessarily have all of the answers, so if I give five
6 options and somebody has a sixth one, that's great,
7 and it may very well be a better one than -- than I
8 have.

9 The fourth one is just kind of a silly
10 one. Silence indicates everybody agrees with what
11 everybody else said, so if only one person gives an
12 answer and I don't hear from anybody else, I'm going
13 to assume everybody else thinks that that really bad
14 answer is actually the answer.

15 And the last one is that I certainly
16 encourage guessing. Especially on the true and false
17 ones, guessing is good and easy, because you have a
18 fifty percent chance of being right, but certainly
19 also asking questions, but as Barry said, due to our
20 technology, it's really difficult, or impossible, for
21 us to take questions from those who are viewing this
22 online, so the people online have to rely on you in
23 the room to ask whatever questions they're probably
24 thinking of. So that's another obligation that you
25 have in addition to this being interactive.

1 Okay. So I want to go on to the first
2 one, and this one is really I realized in watching
3 Barry's presentation, this was really a test related
4 to one of the things that Barry talked about, so we'll
5 see how well you do.

6 Okay. So you received a letter from a
7 client you haven't seen for nearly three years. In
8 it, she requests you send a copy of your clinical
9 notes from her therapy to her lawyer. She explains
10 that her lawyer believes the notes will be useful in
11 assisting her in her current divorce and child custody
12 proceedings. In reviewing the file you find the notes
13 -- you find notes about possible alcohol and drug
14 abuse and you're concerned this information will
15 actually be more damaging than helpful. In this
16 situation your best course of action would be -- what
17 are you going to do: deny her request for the
18 information unless required to do so by the courts in
19 order to protect your client's best interests; speak
20 with the lawyer about your concerns to ensure she
21 understands the contents of the information requested
22 and then release it if she wants it; contact the
23 former client and discuss your concerns to ensure she
24 understands the content of the information in her file
25 and then abide by her wishes; require the client to

1 sign and send you a proper release of information form
2 to ensure you have the right documentation of her
3 consent to release the clinical notes; or send the
4 information through a lawyer as requested without any
5 further consideration since clients are entitled to
6 request their clinical notes be released.

7 What do you think, those of you in the
8 room? One, two, three, four, and/or five? Some maybe
9 --

10 Three? And four?

11 So I've heard a lot of threes and
12 fours. Anybody like one, two or five? Two? Okay.
13 Two, three, four? All right.

14 Anybody like one? So nobody likes one.
15 Okay.

16 And anybody like five? Okay. All
17 right.

18 Sure. I mean, number one is -- is --
19 I'm glad nobody picked number one, because as Barry
20 described, the legislation is very clear that someone
21 has the right to information. If somebody has the
22 right to information, it would really be inappropriate
23 for us to force them to go and get a court order to
24 allow them to get what the law provides to them.

1 The last one's interesting in that I
2 guess you probably could do that. It's probably not
3 good practice, but, I mean, I would not suggest it,
4 but there's probably not -- there's nothing illegal
5 about that. It's probably an unethical or problematic
6 thing to do, but your client does have a right to the
7 whole file whether I review it or not or whether I'd
8 like to -- or I like the information, the client does
9 have the right. But certainly I would go with -- with
10 two, three and -- well, I'd go with two and three
11 without comment. Well, I can't say that. I'd have
12 some comments.

13 Certainly number three is fine, and
14 number two is fine, but it would be important to do
15 number three before you do number two.

16 I'm assuming everybody's just assuming
17 that that was the case. So you have your client's
18 consent when you speak to the client in number three
19 to speak to the lawyer in -- as in number two as
20 opposed to just calling the lawyer up. That would not
21 be okay, because that would be a breach of her
22 confidentiality.

23 Number four is a -- is certainly an
24 okay answer. It's a best practice or -- it's a
25 practice kind of thing. It's certainly not required.

1 There's no reason why you have to receive from this
2 client some kind of a special release of information
3 form. I think that in my -- you received a letter
4 from the client requesting it, and it may -- there's
5 no reason why you can't accept the letter as the
6 official documentation of the request. You don't have
7 to hold things up by, you know, emailing a -- your own
8 fancy form to them and asking them to mail it back to
9 you. I mean, that's an unnecessary step.

10 You can do it if you want, but it's
11 certainly an unnecessary step.

12 Question over here. Caitlin's going to
13 bring a mic so that everybody can hear. Oh, one sec.

14 UNIDENTIFIED SPEAKER: I was wondering
15 if there is a difference if you know that the person
16 requesting it is a parent going through a -- a high-
17 conflict divorce and it's actually for their child.

18 DR. MORRIS: I didn't catch the last
19 part. "And actually" --

20 UNIDENTIFIED SPEAKER: Your client is
21 actually the child and it's a parent requesting --

22 DR. MORRIS: The information. Right.

23 UNIDENTIFIED SPEAKER: -- information
24 that you are either currently collecting --

25 DR. MORRIS: Right.

1 UNIDENTIFIED SPEAKER: -- or collected
2 three years ago.

3 DR. MORRIS: Well then the important
4 thing -- I don't have a yes or no for that -- the
5 important thing is for you to ascertain who has the
6 authority to request the information. Does the mother
7 have the authority? Does she have the authority solely
8 -- solely on her own or does she have to also have --
9 you also have to have the -- the agreement of the
10 father in this highly conflictual thing, so, you know,
11 one of the things you have to sort out, but it's
12 really something that usually we -- is quite obvious,
13 but there are situations where one needs to figure
14 whose authority can you accept in whatever situation
15 it is.

16 So in your situation, you would have to
17 sort it out, I guess, is the best word, who can
18 request the information, who has the right to the
19 information. And you might find that it's an
20 information about a fifteen year old client who might
21 decide it's a fifteen year old client that has the
22 right to request the information, and you're going to
23 write back to the mother in that kind of a scenario
24 and say, sorry, I can't release it on your request. I
25 need the consent of your daughter. So --

1 Yes? Other question?

2 UNIDENTIFIED SPEAKER: One thing that
3 -- that I'm questioning is when you protect your
4 client's best interests are you going against the best
5 interests of their children?

6 DR. MORRIS: That's an interesting
7 question. I mean, you could be. If you feel that --
8 I mean, the reason I put number one in there, part of
9 it, number one, was the court's piece, and that's
10 unnecessary. The other one was while we have a -- I
11 guess an obligation to protect their client's best
12 interests, it's -- it's not up to us to protect their
13 best interests against themselves.

14 You know, if the client understands
15 what's there, in this particular scenario, information
16 about drug and alcohol abuse but they still want it
17 released, we may say and think to ourselves and even
18 say to the client, are you sure, this is really a bad
19 idea to get this information, you know, out there, but
20 if they say yes, then it really is up to them to -- to
21 decide, so -- but in your scenario it's a little bit
22 different but I think, you know, we have -- we have an
23 obligation to think about our client's interest, but
24 we don't have the right to decide that we know better
25 than they know because as, I've said in other

1 presentations, you know, if a person is a capable
2 adult, then they get to make a mistake whether we --
3 or do what we think may be a mistake, and as capable
4 adults, we get to make bad decisions. We may think
5 this is a bad decision, but it's hers to make.

6 Cailyn, in the back? Or someone over
7 here?

8 UNIDENTIFIED SPEAKER: So the case
9 referred to a psychologist writing in the file
10 "suspected drug and alcohol use." What I'm wondering
11 is why the psychologist in the first place didn't
12 actually consider that any of their files could
13 actually appear in a court of law, which means they
14 shouldn't be writing down speculations but actual
15 facts, anything that could be upheld in a court of
16 law, so I -- I think the ethical question actually
17 goes way back --

18 DR. MORRIS: Sure.

19 UNIDENTIFIED SPEAKER: -- to the file
20 itself.

21 DR. MORRIS: Sure. That's a good
22 question in terms of the way this imaginary
23 psychologist, psych associate kept their -- their
24 notes as to whether or not, you know, was it a fact?
25 Did they have data to say this was a fact and they put

1 it in as a fact or was it a suspected thing, and, you
2 know, just something to be careful of when -- when
3 we're making notes in terms of whether the information
4 is actual fact that we have, because it -- if the
5 notes are compelled somehow, it will come across
6 certainly as fact. It will come across with a lot of
7 weight if it's, you know, above the signature of a
8 psychologist or psych associate and so it's important
9 to make that kind of distinction.

10 I mean, I think we talk about often
11 when we get information, especially getting
12 information from the client about somebody else, it's
13 really important to make sure that the information
14 that you write down is clear that it's according to so
15 and so this and this has happened. We have no idea
16 whether it's true or not, but according to the client,
17 this is what it is.

18 UNIDENTIFIED SPEAKER: My comment is an
19 experience I had where my records were subpoenaed. I
20 testified in court. And in terms of informed consent
21 for your client, to let them know that if the -- if
22 the record is released to the lawyers and you actually
23 go to court, it's public record, and later, after the
24 court case, I happened to be online -- I can't
25 remember what I was checking, but anyway, I found

1 under my name the entire file digital, and I don't
2 know that -- I didn't know that -- that the records --
3 I mean, I knew they would be accessible to the courts,
4 to the public, but now in the digital age, they are
5 online.

6 DR. MORRIS: Certainly, and except in,
7 like, family court situations. Family court
8 situations are closed, but any other kind of
9 situations are usually open to the public.

10 UNIDENTIFIED SPEAKER: Yes.

11 DR. MORRIS: I don't know who would
12 have had access to it in order to have put it online.
13 Maybe it was the record from the other side. I mean,
14 maybe it was the client.

15 UNIDENTIFIED SPEAKER: And I guess my
16 comment is -- or question, I wonder if -- if the
17 College, if there's any way that we can prevent that
18 kind of thing happening, even though it is access to
19 the public, but that is quite serious.

20 DR. MORRIS: I don't know of any way
21 that we could prevent it from happening. It's
22 certainly something that one could raise with the
23 judge. It becomes a matter of what the judge decides
24 in terms of who's going to have access to the
25 information.

1 I mean, when we are -- when we are
2 providing -- or are asked to provide records and, you
3 know, most members who are in that situation have a
4 speech about privacy and confidentiality and that sort
5 of thing, and including in there, you know, concerns
6 about the information becoming too broadly -- I mean,
7 distributed too broadly, making that kind of an
8 argument, plea before the courts, but then it becomes
9 up to the judge to decide whether, you know, all the
10 information is going to be taken by the courts and
11 made public or only some of it. I mean, that really
12 becomes the judge's decision.

13 Okay. Let's move on to the next one:
14 mandatory reporting. A colleague of yours, also a
15 member of the College of Psychologists, confides in
16 you that he's been experiencing particularly strong
17 feelings of attraction towards one of his patients.
18 He denies he has acted on these thoughts but is
19 concerned that his feelings may overwhelm his better
20 judgement. In such a situation, what would you do in
21 terms of your colleague: advise your colleague to
22 terminate with the client immediately and to remind
23 her of the names of other practitioners she can
24 contact; inform the College as per the mandatory
25 reporting requirements of the RHPA but do not give the

1 name of the client, even if you know it, without
2 obtaining her written consent; leave it up to your
3 colleague to make the determination, I guess, whether
4 or not treatment should be ended and how soon; do not
5 make a mandatory report to the College unless you
6 believe he has been sexually involved with the client
7 and is lying when he says nothing's happened between
8 them; maintain confidentiality and do not make a
9 report even if you believe there's been sexual
10 activity, as the RHPA provides an exception to --
11 exemption to the mandatory reporting requirement to
12 enable practitioners to seek guidance and advice from
13 colleagues without fear of reprisal; or warn him that
14 he may be on the path towards registration revocation
15 and suggest he seek some counselling.

16 We're going to -- what advice do you
17 have for your colleague in -- in this situation? One,
18 two, three, four, five, six, or a creative seven?

19 We have a one, a four, and a six.
20 Advise him to terminate immediately; don't make a
21 report unless you believe that he's been lying to you;
22 and warn him about registration revocation.

23 So we have a one, four, six. Two,
24 three and five?

25 So everyone -- this is that silence

1 that indicates everyone agrees. So everyone is
2 believing that we're talking about one -- one, four,
3 six, and no one likes two, three, five?

4 Pardon?

5 And a five. We have a vote for five.

6 So there's someone who's suggesting
7 that number -- the problem with number one for her is
8 that this terminate immediately piece, the
9 "immediately" is of concern. Okay.

10 All right. Any other -- any other
11 thoughts before I tell you what my thoughts were?

12 Okay. I have a problem with number
13 one, somewhat the same thing, and really then I would
14 -- I would then really go down to number three. I
15 mean, I think that my job as -- as consulting might be
16 to say, you know, I think you've got a serious issue
17 here. You might want to seriously think about
18 terminating, because if you're concerned that you're
19 going to be overwhelmed by your thoughts and feelings
20 that end up in a bad situation then maybe you should,
21 you know, consider it, but whether or not the person
22 does that and takes your advice, or whether they feel
23 they can work through it or whether they feel that
24 they can do it but they need to provide two or three
25 or four or some reasonable amount of notice to the

1 person, that really is -- would be appropriate, so I
2 would probably substitute number one for number three
3 and go with number three. That's really up to your
4 colleague to have some -- some professional judgement.

5 Nobody liked number two. Okay. Number
6 four, anybody like number four? Sure. I would think
7 number four would -- would fit. I mean, there's no
8 mandatory reporting obligation for someone who you
9 don't have reasonable grounds to believe some sexual
10 activity took place. In this case, unless you think
11 that the person is lying to you, you wouldn't have
12 reasonable grounds to -- to report, so number four
13 would -- would probably work.

14 Number five is -- does not work. There
15 are no exemptions or exceptions in the RHPA, so that's
16 just a blanket statement. There are no exemptions.
17 So, you know, that's just the way it is.

18 And number six may be very -- may very
19 well be a good thing to advise your client, but not
20 only should they get counselling, but if they need
21 some motivation as to why they should get counselling,
22 you could talk about the path to registration
23 revocation, because if they do get sexually involved
24 with their client, that becomes an automatic. You
25 know, if one is found guilty of -- of sexual activity

1 with a client, revocation is the only option if found
2 guilty that the discipline panel has. Yes?

3 UNIDENTIFIED SPEAKER: [indiscernible]
4 consistent, because you can do both one and three.
5 What you're doing is offering advice. You're not --
6 there's no mandatory thing. There's no mandatory
7 direction with advice, so I think one and three
8 actually go together very well.

9 DR. MORRIS: So you're seeing one and
10 three go together. Well, the first one you're saying
11 -- you're advising them to terminate immediately, so I
12 guess you could be saying, my advice to you, if it
13 were me -- of course it wouldn't be me -- but if it
14 were -- if it was me, I would drop the client. I
15 would see them tomorrow or when they're next coming
16 in, or when they came in, that's it, here's a list of
17 people you should be seeing. However, that's me and
18 that's my advice. You may want to consider whether
19 that works for you and whether you think that's
20 appropriate, because you know the client better than I
21 do. I don't know the client at all, so you know the
22 client, so yes, I could see it in terms of that, how
23 one and three could go together.

24 Okay.

25 True or false. These are the ones

1 where you have the 50 percent chance of being right,
2 so if you're hesitating, go for a guess.

3 First, the Health Information
4 Protection Act now requires additional protection be
5 given to clients' personal health information. Not
6 only must files be stored in locked file cabinets, but
7 these must now be both fireproof and waterproof. True
8 or false?

9 Do I hear any truths? Oh, I hear a
10 truth. I heard a true over here. I heard mostly
11 falses. I would agree with false. PHIPA -- and I
12 think Barry referred to this when he was talking about
13 the emails. PHIPA doesn't say anything about the way
14 in which you store your files. What PHIPA says, and
15 what the College expects of members, is that you will
16 take responsibility for the security of those files
17 and you will do what you need to -- and you feel is
18 appropriate for the security of the files.

19 I can tell you that -- this is a number
20 of years ago, but after Katrina in New Orleans
21 happened, those practitioners who were re-establishing
22 their practices there, they got waterproof file
23 cabinets, because they lost all of their files because
24 they had, but really, most of us have those ones which
25 are locked but they have, you know, water can get in.

1 But there's nothing that says that -- I mean, it's a
2 matter of our taking responsibility for our -- our
3 files and being able to justify if there were a breach
4 somehow -- be able to justify the way in which we took
5 care of our files.

6 So I've said facetiously in talking to
7 people about this, I mean, if you wanted to, you could
8 store them in a Rubbermaid bin under your bed. Not
9 recommending that, but there's nothing saying that you
10 can't do that. What they're saying is that if you do
11 do that and then there's some kind of a breach, I hope
12 you can come up with a really good explanation as to
13 why that was a reasonable thing to do when you're
14 challenged on that particular decision.

15 It's not a breach of confidentiality to
16 tell your client that you received an email about her
17 from her spouse. True or false?

18 True. I agree. It's true. This is
19 the -- the question about getting unsolicited
20 information from third parties about -- about a client
21 and what do we do with it? Well, you owe no duty of
22 confidentiality to that third party. They're not a
23 client of yours, and so any information you get, you
24 deal with it clinically as you think appropriate, and,
25 you know, it may very well be appropriate to speak

1 with your client about this unsolicited email that you
2 received, even though the husband in the -- in the
3 subject line, the spouse said, you know this is
4 private, confidential; don't share with her for sure,
5 da da da da. None of that makes any difference. The
6 client is your client; the spouse is just, you know,
7 an interested third party.

8 Recent changes to the RHPA now require
9 a member who declares personal bankruptcy to notify
10 the College and cease practicing until the matter is
11 resolved. True or false?

12 False? So we have three or four people
13 saying false, most people saying I have no idea. The
14 RHP changed again and that's what they put in there?

15 I like -- this one's false, just by the
16 way. I like putting in sort of the -- the legislation
17 or reference to a legislation because it makes it seem
18 that much more authoritative: the RHPA now says... Not
19 true. The RHPA says nothing about it. There's
20 nothing about -- there's no rules whatsoever about
21 personal bankruptcy and the College and that sort of
22 thing.

23 Due to risk of theft, the College
24 specifically prohibits storing confidential client
25 materials in the trunk of ones car. True or false?

1 It's false. If that were true -- I've
2 said this before -- if that were true then many of the
3 people that do work for schoolboards where their
4 office is in their trunk and they do a lot of moving
5 from school to -- they would be in serious trouble.
6 We do recommend that you not leave them there for long
7 periods of time, and as you heard, a number of years
8 ago, a physician -- researcher physician from one of
9 the University Avenue hospitals got in trouble because
10 they left the information in their van but the van,
11 you know, didn't have a trunk, and so there it was.
12 It was his -- he left his briefcase in the back seat
13 of his van -- locked van, and then somebody broke in
14 and stole -- stole it, so, you know, that's not a good
15 idea, but a trunk of a car is reasonably safe because
16 nobody knows what's in there, but at the same time, I
17 would suggest that it not be the permanent storage
18 place for confidential client information.

19 And the last one. It would not be a
20 breach of confidentiality for you to speak with your
21 lawyer about a lawsuit brought against you by your
22 client.

23 True? True.

24 Some people have the -- the idea that
25 it would be a breach of confidentiality unless they

1 ask my client for permission. If your client is suing
2 you, there's a good chance they would not give you
3 permission.

4 So there are certain kinds of
5 exemptions like this. This is one of them.

6 So if the client's suing you, you can
7 certainly speak to your lawyer. We often will
8 sometimes get a call from somebody saying that the
9 Canada Revenue Agency has -- is doing an audit of my
10 records, and that means that they want to see my
11 billing records, you know, but that's confidential
12 information; can I say no?

13 What I usually say is, well, you can
14 say no, but it's probably not going to get you very
15 far. The -- the most appropriate answer -- I can tell
16 you that the CRA does have that kind of authority, but
17 the answer that we usually like to give because we
18 don't like to give legal advice, as Barry said, the
19 answer we usually give is you might want to ask them
20 for their authority to get this information. This is
21 confidential. And they should be able to then quote
22 for you or show you a section of the legislation that
23 says that they have the right to seal these things.

24 So there certainly are situations like
25 that. Another one would be -- this talks about the

1 lawyer. Another one would be an accountant. If you
2 have an accountant, your accountant's going to know
3 who your clients are, your billing and your invoices
4 and all that sort of thing, and obviously, you know,
5 having -- being in the business of psychology, you
6 have to be able to share that kind of information with
7 -- with your accountant.

8 Okay. Obligation to do an assessment.
9 That's what I call this one. "I saw a client five
10 years ago once a week for eight months and then he
11 abruptly stopped coming. Although he had made some
12 progress, I was just as happy with this as I was
13 becoming increasingly fearful and uncomfortable seeing
14 him and had been contemplating referring him on. I
15 have had no contact with him since then except for two
16 requests for information, which were promptly
17 provided. I was recently contacted by his lawyer as
18 he's before the courts on trial on charges related to
19 violence, and the lawyer wants me to provide a report
20 for the courts. I told the lawyer that I could only
21 offer five-year-old information, which I wasn't sure
22 would be very helpful. I suggested that since it had
23 been a long time since I saw the client, he really
24 should have a reassessment to speak to current issues.
25 The lawyer said that since I previously saw the

1 client, I had an obligation to conduct the
2 assessment."

3 Which of the following would be
4 correct: as original treating psychological associate
5 or psychologist, a lawyer -- the lawyer is correct in
6 saying that she has an obligation to do the
7 reassessment; it would be inappropriate to prepare a
8 report speculating about the client's current
9 wellbeing based on the earlier treatment sessions; it
10 would be inappropriate to provide a report using
11 information that is at least five years old, any kind
12 of report; the psychological associate's previous
13 feelings of discomfort and fearfulness are reason
14 enough to refuse the request to refuse to undertake
15 the reassessment; although the psychological associate
16 felt that the client was becoming threatening towards
17 her in the earlier sessions, at that time it would
18 have been professional misconduct for her to terminate
19 the services if he had not left treatment; or if the
20 psychological associate agreed to provide a report
21 related to the previous treatment, it would
22 appropriate to bill the client for this.

23 So there's a whole variety of -- of
24 issues stuck in here, but they're not all related to
25 one particular topic, so what do you think? In terms

1 of our scenario, which ones of these would you say are
2 correct, or you could go the other way and which ones
3 are incorrect?

4 Two, three and four are incorrect or
5 correct? Two, three and four are correct? Six is also
6 correct?

7 UNIDENTIFIED SPEAKER: [indiscernible]
8 Oh, sorry. It's separate than using information to
9 speculate about his current well-being, but if they
10 were trying to create a life story puzzle that in fact
11 he did go to treatment at one time for these types of
12 issues, that could be appropriate for the whole legal
13 case, but you wouldn't be talking about what he's
14 currently doing; you're talking about what he did five
15 years ago.

16 DR. MORRIS: So you're saying it would
17 -- it's not just sort of a blanket no you can't write
18 a report about what happened in our sessions five
19 years ago? You're saying no --

20 UNIDENTIFIED SPEAKER: I would say --
21 yeah, you could be -- you could write about it, and I
22 think people very often do.

23 DR. MORRIS: Okay. All right. Well,
24 just running down them, and certainly number one is
25 wrong. Whether it's this situation or another, I

1 mean, you have no obligation to provide service to
2 anybody. Once you do agree to provide service, you've
3 taken on a number of obligations and responsibilities,
4 but prior to that point, generally speaking, client
5 coming to us is voluntary; our taking them on is
6 voluntary, and there may be reasons why you'll take
7 some clients on and reasons why you won't take other
8 clients on, so there's nothing that suggests that you
9 have any kind of obligation in this situation or
10 another situation to take on a -- a client.

11 I agree that number two, it would be
12 inappropriate to prepare something about how a person
13 -- to guess how the person's doing now based on
14 information that's five years old, but as you said in
15 terms of number three, there's nothing wrong with
16 providing information that's five years old, and maybe
17 a report on treatment progress at that time. Really
18 important to make sure that that's clearly laid out in
19 the report, that it's indicated right at the beginning
20 that, you know, this is provided for historical
21 purposes only or something like that so there's no
22 misunderstanding that this is somehow related to our
23 -- to current functioning.

24 Number four is true, but you really
25 don't need a reason. I mean, that's a good -- that

1 may be the individual's reason for not wanting to do
2 it because she doesn't want to get back involved with
3 a client, but doesn't really need a reason other than
4 I don't want to do it.

5 What about number five? Different topic
6 -- little different. "Although the psychological
7 associate felt the client was becoming threatening
8 towards her in earlier sessions, it would have been
9 professional misconduct for her to terminate services
10 if he hadn't decided to leave on his own." True or --
11 is that right or wrong?

12 It is false. It is -- it would not
13 have been professional misconduct. It would have been
14 okay to do. Yeah. Yeah. It does.

15 If you look down Section 8 of the
16 Professional Misconduct Regulation, it talks about
17 termination and it talks about the things that you
18 need to take into consideration, things like
19 reasonable notice and those kinds of things, but
20 there's one very clearly that says that, you know, you
21 can terminate with someone in -- if there's a personal
22 danger, if there's a concern about your own wellbeing,
23 and you don't -- you don't have to accept seeing a
24 violent or a potentially violent person as an
25 occupational hazard that you can't do anything about.

1 And number six? Sure. No reason why we
2 shouldn't be able to get paid for the work that we do,
3 and if this was the report we talked about in number
4 three, whatever would seem a reasonable time to -- to
5 take into the bill, why not, or to put it together,
6 why not?

7 True or false -- oh. Question in the
8 back? Back right.

9 UNIDENTIFIED SPEAKER: Just a related
10 question. Is it appropriate to bill for reviewing
11 case files if you're going to be testifying?

12 DR. MORRIS: So if you're going to be
13 -- if you're going to provide the report and it's
14 going to take you three hours to review the file in
15 order to write the report, I think it's all legitimate
16 time it could be billed for. Certainly, I mean, what
17 you want to do is get a sense of what that's going to
18 be. In this case let the lawyer know that I'm willing
19 -- this is what I'm willing to provide, information
20 about what happened back then, nothing about now.
21 It's going to take me about this much time to do it
22 and this much time to write the report. It's going to
23 cost the client this much. And let them decide if
24 they -- if it's -- the lawyer would then decide
25 whether it's worth it or not, really, from a -- in

1 terms of the use of the information.

2 UNIDENTIFIED SPEAKER: Oh, thanks. My
3 strong advice is to bill the lawyer. Make it clear to
4 the lawyer at the beginning. The lawyer, depending on
5 whether it's a defence or a plaintiff lawyer, will
6 pass the expense on to the client, but for a lot of
7 reasons you're more likely to get paid and -- and it's
8 not between me and the client, it's not a request from
9 the client, it's a request from the lawyer.

10 DR. MORRIS: Right. There's some --
11 some professional practice advice. Business --
12 professional business practice advice. Right. Okay.

13 True or false: it is inappropriate to
14 accept an invitation to a client's special family
15 event due to dual relationship and confidentiality
16 issues. True or false?

17 True. Inappropriate. Anybody think
18 it's not -- anyone say false?

19 So we have a -- we have an "it
20 depends," so I'm going to interpret "it depends" as a
21 false because you're saying that it may not be
22 inappropriate in some circumstances. Correct.

23 A question or a comment in --?

24 UNIDENTIFIED SPEAKER: I think there's
25 cultural issues involved as well. You know, for some

1 cultures a refusal can damage the relationship and the
2 context is very different.

3 DR. MORRIS: Okay. So there's a
4 reason -- something to take into consideration if you
5 are going to decide that this is something you're
6 going to do or not do.

7 The reason I use this -- I have a whole
8 -- a whole scenario with a bunch of things that I
9 often use. What's important here, and the message
10 that I'd like to give people is -- and especially
11 early career people is they'll -- often when I'm doing
12 this for the early career members or -- or students,
13 they'll often immediately go with "can't do it, never,
14 won't do it, inappropriate," and my suggestion is
15 please don't make that kind of a blanket rule, because
16 you don't know what's going to come up. You can have
17 a leaning: my leaning is for the most part I'm not
18 going to get involved in family situations or family
19 events, you know, nice ones like weddings and stuff or
20 graduations or more sad ones like funerals and that
21 sort of thing, but don't make yourself a rule because
22 it will come back to haunt you, but the important
23 thing is that it's not necessarily inappropriate. You
24 have to consider the client. You've got to consider
25 the event. You've got to consider a whole bunch of

1 things, I mean, and some of these you have to think
2 about it in that is, well, if you accept it because --
3 the invitation because it's a -- an appropriate thing
4 to do, then you've got to start thinking about, well,
5 what about confidentiality issues and how am I going
6 to handle that? Those are kind of logistical things to
7 worry about if you feel it's really important to
8 attend the event.

9 UNIDENTIFIED SPEAKER: Having lived in
10 a small community, I'd also say it's impossible to
11 practice in a small community and not be at events
12 where a client might be, so I considered this a
13 Toronto-centric kind of question.

14 DR. MORRIS: What about an Ottawa-
15 centric? Why do you pick on Toronto? You know? I mean,
16 I don't think -- when you said "small community," you
17 weren't referring to Ottawa, were you? Okay.

18 I mean, what about -- we can talk about
19 Ottawa and London and Toronto. I'm willing to do
20 that.

21 Yeah. I mean, I certainly -- when you
22 start talking about dual relationships and you start
23 talking about small communities, it's a whole other
24 conversation, but it certainly happens all the time.

25 Yes?

1 UNIDENTIFIED SPEAKER: I think
2 irrespective of whether the community's a big
3 community or a small community, perhaps the decisions
4 made in the context of what's in the best interest of
5 the client and the professional judgement that you're
6 making with respect to -- to that, and it is your
7 judgement, right, because it's our responsibility to
8 manage the relationship and prevent, you know, harm to
9 the client by making a decision that maybe the
10 client's not able to make themselves.

11 DR. MORRIS: Right. So you want to go
12 with the best interest of the client, and the other
13 thing that goes along with this is you don't have to
14 worry about inconsistency in that you can decide the
15 particular event with a client is one that you decide
16 not to attend but a similar -- a similar event with a
17 different client it's important to attend, and you're
18 keeping the client in mind and keeping your
19 relationship in mind, so it's not a matter of, well, I
20 wish I could go but, you know, two weeks ago I told a
21 client no in the same situation so I can't do it for
22 this client. Those kind of rules don't apply.

23 Okay. Number three. One must
24 carefully consider the impact on the client before
25 deciding whether to tell her that the USB containing

1 her psychological report's been lost. True or false?

2 Did I skip one? All right. We'll come
3 back to that one since I already read number three.
4 Number three. We have to carefully consider the
5 impact. What does PHIPA tell us?

6 False? We have to consider the impact
7 and forget the "carefully"?

8 I guess from a -- from a best practice
9 point of view it's a good idea to carefully consider
10 the impact, but that can't come into your decision
11 making because there is no decision to be made. The
12 legislation says clients have the right to know if
13 their information has been lost, stolen, or accessed
14 by someone who is not authorized to have it.

15 And it's important to keep in mind when
16 we talk about -- and, you know, Barry was talking
17 about PHIPA and client. It's important to remember
18 that that's also us. You know, we think of ourselves
19 as the practitioner and then there's the client, but
20 in most other -- most -- many circumstances, were the
21 client or were the patient -- whether it's a family
22 physician or a pharmacist or our OT or PT or chiro,
23 whatever it might be, they have our personal health
24 information, and so these rules on the practitioners
25 are protections for us when we're the client, not just

1 us sort of trying to -- having to do certain things
2 for our clients.

3 So I would certainly want to know if my
4 family physician was carrying around my file and it
5 got lost. I mean, I would certainly want to know
6 that. I don't know what I would do about it other
7 than be upset, but I would want to know. I think I
8 have a right to know that, and the legislation says
9 yes, I would have a right to know that information.

10 Number two: it is permissible to
11 include a logo, motto, slogan or picture on letterhead
12 or an advertising of practice.

13 True? True but be careful?

14 Generally true?

15 Okay. Sure. The -- the rules -- the
16 rules -- although a lot of people feel that there are
17 very restrictive rules around advertising, the main
18 one -- and I don't think it's too restrictive -- is
19 that it should be -- it has to be -- it has to be
20 accurate. So a motto that says "we cure all," not
21 okay, but some other motto might work, or some other
22 slogan for your practice if you want to put a slogan
23 on, that's fine. But, you know, it has to be -- it
24 has to be an accurate kind of thing.

25 It can't -- we hope that it's

1 professional, you know? I mean, it shouldn't be tacky,
2 but there's no rule against tacky, so if you want to
3 have your letterhead or your slogan be tacky, I guess
4 you can. We like to think that it will be
5 professional, but certainly if you want to have -- if
6 you have a logo or a motto or a slogan, if you want to
7 put your own picture on the letterhead, certainly a
8 lot of people have their pictures up on their
9 websites, and here are the people in our practice,
10 quite common to do that.

11 And so there's no -- there are very few
12 restrictions really when it comes to -- to advertising
13 ones practice.

14 Number four: a summons to witness and
15 produce all notes, recordings, and documents in your
16 possess includes not only the formal file but also
17 tapes of sessions, rough session notes, and other
18 materials not routinely kept in the main file. True
19 or false?

20 True?

21 Any brave person out there want to say
22 false? Oh, we have a couple of you saying false. A
23 couple people saying false. Did you have a question
24 before --?

25 We have a question. She's bringing the

1 microphone.

2 UNIDENTIFIED SPEAKER: I would say
3 false for the rough session notes.

4 DR. MORRIS: Rough session notes?

5 UNIDENTIFIED SPEAKER: I think those
6 should always be interpreted notes.

7 DR. MORRIS: So those should not be
8 included in the information that you would provide in
9 --

10 UNIDENTIFIED SPEAKER: So the tapes of
11 sessions, well, I don't know, but no. But rough
12 session notes, no.

13 DR. MORRIS: Not the rough session
14 notes, so you'd go along with, you know, the tapes of
15 sessions, other materials, that kind of thing, but the
16 rough sessions notes that aren't -- where -- where
17 would they keep them? Some people have a formal file
18 over here and they have the rough session notes that
19 they're going to transcribe and make all nice and
20 neat, and they're still -- they're still on their desk
21 or in their drawer. They have not yet been filed into
22 their, you know, fancy file, or they're still on paper
23 and they haven't yet been typed into the digital or
24 electronic file.

25 So very often you have these various

1 sessions.

2 UNIDENTIFIED SPEAKER: Maybe I wasn't
3 paying attention earlier -- sorry, Barry -- but you
4 know, if -- if -- do you have to report -- you know,
5 for copyright material, you know, is that included as
6 well --

7 DR. MORRIS: So you're asking --

8 UNIDENTIFIED SPEAKER: -- to the court?

9 DR. MORRIS: So Barry was talking about
10 the copyrighted material like the risk form and all of
11 that.

12 UNIDENTIFIED SPEAKER: Right.

13 DR. MORRIS: And -- okay. My
14 understanding, and here once again I'll say, I'll give
15 you my legal advice, because you're getting legal
16 advice from a psychologist --

17 UNIDENTIFIED SPEAKER: Okay.

18 DR. MORRIS: -- keep that in mind.
19 You're not getting the advice of the lawyer -- is that
20 if you get a summons from the court and the court says
21 to you, and the wording is usually bring with you all
22 notes, documents -- notes, recording, and documents in
23 your possession, then --

24 UNIDENTIFIED SPEAKER: Bring.

25 DR. MORRIS: -- the courts get really

1 unhappy if you decide to interpret what you think
2 "all" means rather than letting the courts decide what
3 "all" means. So I would say "yes."

4 Now, if you speak to the test
5 publishers, they'll give you a whole routine that they
6 would like you to follow with respect to how to handle
7 the raw test data, and, you know, some of it is
8 information that Barry presented, because they would
9 like you to do what you can to protect it, and there's
10 nothing wrong with that, but the bottom line is if the
11 court says turn it all over to us, I want it all, the
12 judge says I want it all, then that's an order of the
13 court, and the College would suggest that you go along
14 with that.

15 UNIDENTIFIED SPEAKER: Can I suggest a
16 variant of that? If it's not a summons or a subpoena
17 but a court order where there's a request of
18 information from, you know, a parent or, you know --
19 you know, but it's within a court order, is it then
20 still --

21 DR. MORRIS: There are a number of --
22 there are a number of legal vehicles which have the
23 authority to get things without consent and get
24 everything, so certainly a summons, a subpoena is one.
25 The coroner's warrant. The coroner in the province

1 has a lot of power, so a coroner's warrant.

2 A search and seizure warrants, so a --
3 a police officer could come to your office with a
4 search and seizure warrant, and all these things have
5 to be -- have to be signed off by a judge. A search
6 and seizure warrant that says they have the right to
7 search your premises and seize anything related to
8 whatever it says there.

9 And a court order is just that. A
10 court order is an order of the court saying to you
11 turn this information over to somebody or other, so
12 any time it's an official court order, then, yes, you
13 have an obligation to -- to appeal, or to -- to
14 comply.

15 One of the things that with a summons
16 to witness, you could be surprised. You know, some
17 big summons service shows up at your office and says,
18 oh, you're Rick Morris? Here. You've been served. So
19 it comes as a surprise. You shouldn't be surprised by
20 a court order, because in order to get a court order,
21 the lawyer that wants it has to serve notice that
22 they're going to bring a motion before the courts to
23 get this -- to get this court order. You have to be
24 -- have to be told that this motion is being brought
25 forward, when it's going to happen, and you can go and

1 you can argue it if you want, so you can argue against
2 the court order.

3 It would be -- you shouldn't be
4 surprised by somebody just showing up and saying here
5 is the court order.

6 Search and seizure warrants are
7 different. Coroner -- coroner -- you don't get a
8 choice on those. But a court order you shouldn't be
9 surprised when it comes unless you didn't watch your
10 mail or whatever. Okay?

11 Last one: according to the Personal
12 Health Information Protection Act of 2004, consent
13 from a client to access their record must be obtained
14 in writing. True or false?

15 I heard generally -- generally false?

16 Yeah. It's false. There's nothing in
17 PHIPA that says anything about in writing or not in
18 writing. You can certainly accept a -- a verbal
19 consent. You would obviously want to document it for
20 good practice that you received this phone call.

21 And you could even ask them would they
22 mind sending you something in writing, but there's
23 nothing in PHIPA that requires it. And actually when
24 I look at -- look through legislation, the only place
25 where I've seen a requirement for written consent is

1 if you want to -- if you want -- wanted to include the
2 name of a client in a mandatory report to the College.

3 The legislation specifically says in
4 the CRHPA you need the written consent of the client.
5 That's the only place I've seen in the legislation
6 where the words "written" go along with consent,
7 otherwise it's just good practice, something that we
8 do. We get written consent, because you want to have
9 the documentation, but there's nothing that requires
10 that of us legislatively.

11 Okay. Reporting colleague. You share
12 office space, admin staff, photocopier, or Internet,
13 etcetera with a colleague. You also sometimes share
14 referrals as appropriate for client needs. One day
15 you overheard the admin staff telling your colleague's
16 client that Dr. Jones will sign an invoice for service
17 in your husband's name if that will help you get more
18 insurance coverage. When you asked your client [sic]
19 about this, he boasts I do whatever I can to ensure my
20 clients get insurance reimbursement. It's in my
21 client's best interest, and the insurers never check.
22 You believe your client [sic] is acting in a manner
23 that constitutes professional misconduct and decide to
24 end your association and move to your own office
25 space. In this situation, which of the following

1 would be true: under the RHPA, you're required to
2 report your colleague to the College as you
3 discontinue your association with him for reasons of
4 professional misconduct; or under the Insurance Act,
5 you have an obligation to inform the various insurers
6 with whom you work of the reasons for dissolving your
7 association but only provide a description of the
8 concern and not include the client's name without
9 written consent; having spoken with your colleague and
10 raised your concerns, you fulfil your ethical
11 obligations under the CPA Code of Ethics 244 and need
12 not take it further; you believe the matter is one of
13 insurance fraud and therefore are obliged to inform
14 the police; and/or the RHPA does not require one
15 member of the College to report another member for
16 suspected professional misconduct, incapacity or
17 incompetence.

18 What am I going to do with these? Which
19 ones do you think are true or false? Yes or no?

20 One and five are true? We have a one
21 and -- we have a vote for one and five. And a three,
22 three referring to the CPA code? So I have one, three,
23 five on the table. Anybody want to add two and four?
24 Going once. Okay.

25 So just going with two and four,

1 although it says under the Insurance Act, that's just
2 a -- that's trying to sucker people in. You have no
3 obligation to inform the insurance company about this,
4 and similarly you have no obligation to inform the
5 police.

6 You could decide you want to tell the
7 police. I mean, you could always do that. You have
8 to be very careful of confidentiality in terms of
9 information, but there's no -- there's no obligation
10 regarding any criminal activity, insurance fraud or
11 anything else. We have no obligation to report to the
12 police. So two and four don't work.

13 Number one is what the RHPA says. The
14 RHPA says if you discontinue an association with a
15 colleague, if you're a supervisor and you restrict the
16 activities of a colleague, if you terminate a
17 colleague or a member -- I keep saying "colleague." If
18 you terminate a member from employment for reasons of
19 professional misconduct or incompetence, that requires
20 then that -- that triggers a mandatory report to the
21 College.

22 The reason that -- and number -- so
23 that's two. Number three, this is a place where, you
24 know, if you look at the hierarchy that Barry talked
25 about in his hierarchy of obligations, this is where

1 the -- the legislation, which is the RHPA, would trump
2 the code of ethics. If you go down the legislation,
3 regulation, the College CPA Code, I mean, the Code
4 does say that your first thing you should do is speak
5 with your client -- with your member, but even if you
6 speak with them, if you still decide that you're going
7 to dissolve your partnership or your association, you
8 still have an obligation, so number three, the CPA
9 Code doesn't really enter into it.

10 Some people might think there's an
11 inconsistency between number one and number five, and
12 it was said that they can't both be true because the
13 first one says yes, you're required to report your
14 colleague, and the second one -- and the last one says
15 the RHP doesn't require you to report your colleague.

16 In this situation, they're both true.
17 As a general rule, we do not have an obligation to
18 report suspected professional misconduct, incapacity,
19 or incompetence, but a member takes on a different
20 situation -- it becomes a different situation if there
21 are certain things that -- that you've done which
22 trigger the response.

23 So in the first one, what triggered the
24 -- what triggered the mandatory reporting obligation
25 is the fact that you actually split from the practice.

1 If you decided to stick it out and didn't do anything,
2 you would not have an obligation to report, so it's
3 the actual trigger of discontinuing your association
4 with the person that triggers the report.

5 Or if you terminate someone, or if you
6 were going to terminate someone or if you -- they're
7 working in your practice and you put some restrictions
8 on what they were doing for reasons of incompetence,
9 professional -- so it needs a trigger, so it's the
10 trigger that requires us to report about another
11 member and without that trigger we don't have the
12 obligation. If you decide to put up with it and turn
13 your -- you know, turn a blind eye to it, you have no
14 obligation.

15 Okay? Okay.

16 True or false: PHIPA requires that in
17 the case of long-term clients, one must reaffirm their
18 consent to speak to you with their family physician --
19 this is supposed to say at least annually. True or
20 false? What's your obligation with respect to
21 reaffirming or reconfirming consent, we have to speak
22 with a family physician or -- or someone else about a
23 client?

24 This suggests that PHIPA requires that
25 this has to be done at least annually if not more

1 regularly.

2 False, false, false. PHIPA doesn't say
3 anything about it. There's nothing in PHIPA about
4 timelines. What PHIPA says is you have to have the
5 client's informed consent, and as long as you believe
6 that the consent that you received a year ago or
7 whenever it was, as long as you believe that's still
8 informed consent, then you can go on it. You could
9 find that consent that you have, it becomes valid one
10 week -- it becomes invalid one week later just a
11 because situation changes and you're thinking, I'm not
12 sure I still have informed consent so I better check
13 it out, so it could be any -- any timeframe in there,
14 but there's nothing to say you have to go back to the
15 client and say our year's up, we'll have an
16 anniversary party, and we'll also reconfirm this.

17 Yes? A question? A comment?

18 UNIDENTIFIED SPEAKER: I'm sorry to do
19 this, but I wanted to go back to the previous
20 question. Would you say you have a moral obligation
21 to report the fraudulent action? Maybe you don't have
22 a legal obligation to report the colleague who's
23 defrauding the insurance company, but would you say
24 you have a moral obligation?

25 DR. MORRIS: I guess that depends on

1 the -- the individual in terms of whether or not --
2 how strongly they feel about the activity that the
3 individual's doing and their -- our felt need to do
4 something about it, so it's really hard for me to --
5 to tell you whether you have a moral obligation to
6 that.

7 Certainly if one member knows some --
8 another member is, you know, doing -- doing things
9 they shouldn't be doing, professional misconduct or
10 providing a service and they're really aren't
11 competent to do that and are doing harm, then we would
12 certainly like to know. At same time, the member has
13 to decide -- each member has to decide if that's a
14 step they want to take, and there's nothing that says
15 one has to -- can or can't.

16 UNIDENTIFIED SPEAKER: Okay.

17 DR. MORRIS: Okay. We've decided
18 number one was false. We'll have to reconfirm. Yes,
19 reconfirm whenever you get the concern that it's not
20 an informed consent anymore. That's when you have to
21 confirm.

22 A deceased client's record may only be
23 released through a court order coroner's warrant or
24 some other legal vehicle. True or false?

25 True? True? True. True. False.

1 And the correct answer is false. This
2 one makes a lot of people crazy because the deceased
3 client's record, the access to the deceased client's
4 record moves to the legal representative of the
5 estate, and they then take on the -- the power, I
6 guess, or the authority that the client would have had
7 when the client was alive.

8 Some people are very concerned about
9 that because they don't want to provide the
10 information to somebody and they know the client would
11 be upset if -- if somebody else in the family who is
12 the legal representative of the estate received it,
13 but PHIPA makes it very clear that the legal
14 representative of the estate in the same way that the
15 banks will look to an executor, so a court order is
16 not the way to go about it.

17 And actually, you could have the
18 experience that if you -- this is similar to the
19 earlier one when we had a court order situation. If
20 you force the client to go to court and get a court
21 order, the judge may very well look and say you put
22 this client to all of this additional expense, the
23 lawyer and everything else, when it was totally
24 unnecessary because the law is very clear they have --
25 they -- this personal representative of the estate has

1 the right to this. Therefore, Dr. Morris, I'm going
2 to award costs for their trouble and their lawyers and
3 everything else, court costs against you.

4 So number three: clients cannot be
5 guaranteed the privacy of clinical information as the
6 courts may not respect the confidential relationship
7 between therapist and client. True or false?

8 True. Yeah. And that's why when
9 you're doing someone's (ph) confidentiality you have
10 -- you start off by saying, you know, everything that
11 happens and transpires between us is strictly
12 confidential between you and I except -- and then you
13 pull out this long list and you start reading down
14 this long list of exceptions, and one of them, as you
15 know, is the courts. The courts may very well want
16 you to provide information that was part of the
17 confidential relationship.

18 If a supervisor describes his
19 reasonable grounds to suspect child abuse, the
20 obligation to report now rests with you rather than
21 with him. So you have a supervisee. Supervisee tells
22 you about this child abuse suspicion that they have.
23 This basically says the obligation now transfers to
24 you as the supervisor as opposed to them having
25 obligation.

1 True or false?

2 Technically false. This is suggesting
3 that it now rests with you rather than the supervisee.
4 Okay.

5 So this is -- as its written, this
6 would be false because every person who has reasonable
7 grounds to suspect has the obligation and you can't
8 delegate that to somebody else. So even though your
9 supervisee has brought it to you and explained it to
10 you, that doesn't put him or her -- or get him or her
11 off the hook. Having provided you with this
12 information, you may very well now have a reasonable
13 grounds to suspect, in which case you also would have
14 reported obligation, so the two of you would have a
15 reporting obligation as opposed to them being able to
16 sort of say, well, I told my supervisor about it; I
17 don't have to deal with it anymore; I'll let her worry
18 about it. It doesn't work like that.

19 A principal may disclose the
20 psychological assessment in the OSR without consulting
21 with the psychological associate who conducted the
22 assessment. True or false?

23 I hear all the people out in the
24 webinars from all the different school boards where
25 they're all meeting as a group yelling, "True, true,

1 true."

2 Yeah. It is definitely true. The OSR
3 belongs to the -- to the school, belongs to the
4 principal, and it's up to the principal to determine
5 what gets released and what doesn't from the OSR, and
6 that would include psychological reports.

7 Okay. A colleague tells you about the
8 following situation with which he's struggling. A
9 client showed him a text he received from a friend.
10 The text clearly threatened that he planned to
11 seriously harm another person who was named. Although
12 the client didn't really believe his friend would
13 follow through with the threat, the psychologist is
14 wondering if he has a duty to warn. The client is
15 very clear he doesn't want him, the psychologist, to
16 take any action and reminded him of the obligations of
17 confidentiality that he, the psychologist, had
18 promised at the start of treatment.

19 As well, since this is a third party
20 who's making the threats, he the psychologist has no
21 way of judging whether the danger, if present, is
22 imminent.

23 So what are you going to do? Are you
24 going to: since the client doesn't want any action
25 taken which would breach his confidentiality, one may

1 not take any action; or even though the client doesn't
2 want any action taken which would breach his
3 confidentiality, one may takes some action to offset
4 harm; or if one is to breach confidentiality to warn,
5 the legislation requires that the risk of arm be
6 imminent, since this can't be determined, the
7 threshold for action, imminent harm, cannot be met; if
8 one believes on reasonable grounds that disclosure is
9 necessary to offset harm, one must make a report; or
10 in situations -- in such a situation, the legislation
11 expects that one will err on the side of caution, that
12 is, make a report if one is unsure.

13 I open it to you. Two? I'm asking
14 what's true. What are you going to do? Which one of
15 these things exactly describes what your -- what you
16 can do or could do or should do?

17 I had someone saying number two, even
18 though the client doesn't want any action taken which
19 breaches confidentiality, one may take some action to
20 offset harm.

21 Two?

22 And we have a four: if one believes on
23 reasonable grounds that disclosure is necessary to
24 offset harm, one must make a report.

25 Not true?

1 So we have a number of people that
2 don't like number four.

3 Cailyn?

4 UNIDENTIFIED SPEAKER: Could you
5 clarify which of the two psychologists we're talking
6 about here? So there's the psychologist who has
7 transmitted the information.

8 DR. MORRIS: The psychologist has
9 shown -- has told you that --

10 UNIDENTIFIED SPEAKER: Yeah. So you're
11 on the receiving end of information from another
12 party. You don't have any direct knowledge of this
13 client --

14 DR. MORRIS: No. No.

15 UNIDENTIFIED SPEAKER: -- whatsoever?

16 DR. MORRIS: It's just he's said to
17 you, I don't know what to do, a client showed me this
18 text and the text says this, and I'm really concerned
19 about it. Do I have an obligation. What do I do?
20 What would you do? What do you suggest, my very
21 knowledgeable colleague?

22 UNIDENTIFIED SPEAKER: Okay.

23 DR. MORRIS: So are we going to all go
24 with number two and say no to the rest? What about
25 number -- number three? The breach of confidential --

1 legislation requires that the harm be imminent and
2 since we don't know enough about it and he doesn't
3 have -- the psychologist doesn't have enough
4 information to know if it's imminent, then that
5 threshold of imminent hasn't been met, so that would
6 then not trigger the ability or the permission to
7 "warn"? What about that?

8 UNIDENTIFIED SPEAKER: Yeah. There's
9 been some court cases on when -- a psychiatrist, not a
10 psychologist, where the breach about risk, and usually
11 it's their own client --

12 DR. MORRIS: Yes.

13 UNIDENTIFIED SPEAKER: -- when they're
14 talking about it, but there is -- clearly you can
15 breach confidentiality, but it's a very high standard,
16 and in case -- usually it's the intent identified
17 victim and imminence, it all being present.

18 DR. MORRIS: Okay.

19 UNIDENTIFIED SPEAKER: Would there be a
20 difference on the threshold if it's a child?

21 DR. MORRIS: Pardon?

22 UNIDENTIFIED SPEAKER: If the patient
23 is a child --

24 DR. MORRIS: It changes the whole
25 scenario, yes.

1 UNIDENTIFIED SPEAKER: But it's not
2 clear, so --

3 DR. MORRIS: Yes. All right. It
4 changes the whole scenario if we're concerned about
5 child protection.

6 Okay. The -- I'll go along with number
7 -- what did we say? We said number two. Number two.
8 What PHIPA does is it gives us permission to -- to
9 warn. There's no such thing as a duty to warn. A
10 duty to warn suggests number four, which is one has a
11 duty, and one must do it, and there's no such thing in
12 Ontario as a duty to warn. There is a duty to warn in
13 California, for example. There is some Tarasoff
14 legislation, an obligation to warn, whether you like
15 it or not. It's kind of like child abuse reporting.
16 Take steps whether you like it or not.

17 In Ontario, one may disclose personal
18 information if one is concerned about harm, but
19 there's no mandatory part to that.

20 In terms of the statement that was
21 made, it is -- you have to consider that it's a high
22 bar, and keeping confidentiality is a basic tenant and
23 principle of the profession, so it's a high bar, but
24 there's nothing in the legislation that says anything
25 about identified patient or a client, or an

1 individual, and there's nothing in the legislation
2 that says anything about -- about imminent.
3 Legislation talks more about likelihood: is it likely
4 to happen?

5 So it's likely to happen. It's not
6 going to happen tomorrow or the next day, but this is
7 likely to happen, and so that's good enough. So it
8 doesn't -- you don't have to wait until the day before
9 the likelihood it's going to happen in order to do
10 something about it, so it's likelihood, and also, it's
11 not an -- you don't need an identified individual if
12 you have very clearly someone who says that they're
13 going to go out and they are going to do something to
14 the first person they see who meets certain criteria
15 because they're very angry at that particular group,
16 you don't know who that person is, so you don't need
17 an identifiable person.

18 And that's -- there tends to be some
19 confusion that people have that -- this idea that it
20 has to be an imminent risk, and it can only be -- it
21 has to be directed towards an identified person, and
22 that's not the way it is.

23 If you have concerns about a risk of
24 harm, you have the permission of the legislation to
25 take some steps to do something about it.

1 Okay. True or false: summons to
2 appear, a search and seizure and a coroner's warrant
3 all require one to release records without consent
4 upon being served. True or false?

5 Trick question. I'll just give you
6 that warning. So if you said true then you fell for
7 the trick question. False.

8 I mean, and what it is is summons to
9 appear -- a search and seizure warrant and a coroner's
10 warrant, those things could very well say you need to
11 turn the information over to whoever serves you, comes
12 into your office and serves you the papers. A summons
13 to appear, however, is strictly something that says
14 you are obligated or required to appear before the
15 court this time, this place, and bring with you, as we
16 said before, notice -- there's nothing in there that
17 says anything about releasing the information.

18 And actually, if you were to go into
19 court and the defence lawyer or the other side were to
20 say to you, here you go, let's -- I'm glad you're
21 here. It would be really helpful for me to take a
22 look at it before the court case, or even if the
23 lawyer -- even if the Crown who seems to be on your
24 side, if you don't have the client's consent to
25 provide that information to a third party, the summons

1 to appear is not a consent or an order to release
2 information, all it is is an invitation you can't
3 refuse to show up somewhere with certain things in
4 your hands.

5 Number two: if there's a disagreement
6 between a parent and a capable child regarding the
7 parent's access to the child's treatment file, the
8 decision of the parent takes precedent.

9 False. PHIPA does allow parents of
10 children -- of children under 16 to access their file
11 but if the child says no then they're -- their veto
12 counts, so it's a flip of -- of this.

13 It would be professionally
14 inappropriate to send a report containing a diagnosis
15 to a client who preferred not to attend a feedback
16 session. True or false?

17 False. It is false. We can't compel
18 someone to come back for the session. We can't say,
19 well, I know you put in all this time and effort and I
20 wrote out all this stuff and I'm just going to put it
21 in my drawer and it's going to stay there forever
22 until you decide to come in. I mean, that's, you
23 know, the client is entitled to their information.
24 You can do what you can to try and convince them to
25 come back for a very important feedback session, but

1 there's no requirement.

2 One may accept the word of a father
3 that he has the authority to request treatment for his
4 son unless there's reason to -- to doubt his word.

5 True or false?

6 True or false?

7 This is true. Legislation is actually
8 quite clear that we don't need documentation. If you
9 get a suspicion or a concern that wait a minute, this
10 is a really contentious situation and we should have
11 both parties -- or maybe I have to have both parties,
12 you can ask for documentation, but as a matter of
13 course, you don't have to -- have to have that kind of
14 information, or that kind of proof of the authority,
15 and the example I've used is, you know, when my --
16 when my daughters were young enough to want their
17 father to take them to the dentist, I mean, I could
18 just take them, and I didn't need a note from my wife
19 saying it's okay for him to bring the kids.

20 You know? So the assumption is that
21 person has authority unless you have some reason to be
22 concerned otherwise.

23 And certainly in a contentious
24 situation, there may be good reason to be concerned.

25 As a witness in court, one must still

1 maintain ones obligations of confidentiality towards
2 clients. True or false?

3 False. Yeah, that was sort of like the
4 one we had before. The courts will not necessarily
5 respect the therapist-client confidentiality, so it
6 may very well be that, you know, whatever it is that
7 you get asked about you're going to have to say.

8 Yes?

9 UNIDENTIFIED SPEAKER: What do you do
10 in a situation with the previous question if the other
11 parent comes back and complains that they weren't --
12 they didn't give their consent or they want to cease
13 therapy? How do you handle a situation like that?

14 DR. MORRIS: Then you have a problem.
15 I mean, I think most --

16 UNIDENTIFIED SPEAKER: Would that be
17 considered a tricky issue that we --

18 DR. MORRIS: Yeah. That's a sticky
19 issue, one of the tricky -- and I think that, you
20 know, what happens is you get the pull of what the
21 client, the child needs. At the same time, do you
22 want to enter into a therapeutic relationship with the
23 child and possibly, you know, and the father, knowing
24 the mother, who is an active participant in the
25 child's life, doesn't want any part of it and doesn't

1 want you to have any part of it, and you've got to
2 really think about clinically does that make sense.
3 So that's where it becomes more of a clinical
4 judgement as to whether or not it really makes sense
5 to continue on. That's provided that either parent
6 independently would have the right to -- to request
7 treatment.

8 You have to decide whether clinically
9 it makes sense. You have the authority to do it, but
10 does it clinically make sense in this case, and, I
11 mean, are you going to be -- you know, you have the
12 father saying, you know, my wife doesn't really want
13 this, but it's really important that -- and I've
14 stressed upon our son to make sure he never tells his
15 mother where he is Tuesday afternoons from three to
16 five, I'm not sure you want to get involved in that
17 sort of a secret collusion kind of thing.

18 Okay. How am I doing for time, Barry?
19 I have five minutes. All right. Five minutes. We'll
20 do this really quickly, and we'll be --

21 You're the last member of a private
22 psychology department at a small children's mental
23 health clinic. As each client left, you took on the
24 responsibility for the security and retention of more
25 and more of the psychology files. You're now thinking

1 about leaving to pursue private practice. To fulfil
2 your obligation with respect to these files, you
3 would: take the files home with you to be returned
4 when another member of the College has been hired;
5 insist that the files be stored in a locked cabinet,
6 to which you will keep the only key, to be returned
7 when another member of the College has been hired;
8 ensure the agency understands the nature of the file
9 contents and need for safe, confidential storage,
10 maybe detailed in writing, but take no further action;
11 offer to be available to come to the agency to review
12 requests for access to the psychological files; or
13 since you've taken on this responsibility, you can't
14 leave until a replacement for you is found. You're
15 stuck.

16 What are you going to do? And this --
17 this happens on a fairly, you know -- this does happen
18 where, you know, there's four people and then there's
19 three people and two people, and suddenly you're the
20 only one, and then you decide you'd really like to go
21 and do something different. So what are you going to
22 do?

23 One, two, three, four and/or five? Two?
24 Three? And I heard two and four. Three. Three and --
25 certainly you have no obligation to be there, so

1 number five doesn't work. I think it would be
2 inappropriate for you to back your van up to the -- to
3 the back loading dock and take away the files, and
4 that's basically the same as number two.

5 So I think what your obligation is,
6 considering that in this situation, it would be the
7 agency that's the health information custodian.
8 You're really working as an agent. So your obligation
9 is to ensure that they understand what their
10 obligation is. It's probably a good idea to put it in
11 writing and tell them this is what's here, this is
12 what it is, this is who should access it. So that's
13 number three. And then you could certainly do number
14 four if they're willing to, you know, hire you to come
15 in when you get a request for information to look
16 through the file and to take some action in terms of
17 releasing it or whatever. You could certainly do
18 that. Or they may -- they may say no. But really
19 they have a problem and -- as opposed to you, except
20 that the right thing to do would be to ensure they
21 understand what their problem is, and that's number
22 three.

23 Wow. Look at that.

24 Any general questions? You have three
25 minutes. I think I have three minutes.

1 All right. I'll be around for a few
2 minutes, and so will Barry be, if people want to catch
3 up afterwards. Thank you.

4 DR. GANG: So I want to thank you all
5 for attending, taking time out of your day to do this.
6 I want to also thank the College staff, particularly
7 Stephanie Morton and Caitlin O'Kelly who are such
8 multi-talented people keeping us in the right place at
9 the right time focussed on the right things, and they
10 save us all every day.

11 Please, please fill out the surveys. I
12 understand Stephanie just pushed the button, so they
13 should probably be in your inboxes now.

14 We really read them, and we
15 particularly rely on them to plan the next symposium,
16 and that should be probably in December or January,
17 depending on speaker availability and all that kind of
18 stuff, and it will be in Toronto, but again, it will
19 be webcast, and again, thank you for making this a
20 part of your day and a part of your CPD.

21
22 ---Whereupon video concludes.

23
24
25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23

COURT REPORTER/TRANSCRIBER'S CERTIFICATE

I, Alana Trumpy, Court
Reporter/Transcriber, certify:

That the foregoing proceedings were
recorded on audio digital recording;

That the contents of the recordings
were thereafter transcribed by me;

That the foregoing is a true and
correct transcript to the best of my skill and ability
of the audio digital recording so taken.

Dated this 9th day of August, 2019.

Alana Trumpy

NEESONS, A VERITEXT COMPANY
PER: Alana Trumpy,
Court Reporter/Transcriber

-	abide 63:25	accurate 93:20,24	addressed 26:18	afoul 39:8
---upon 2:1	ability 44:20 113:6	acknowledge 6:20	addresses 33:2	afraid 11:2
---whereupon 123:22	abruptly 82:11	acknowledgi ng 57:14	adequate 44:2 45:21	afternoons 120:15
1	absolutely 38:8 42:23 43:1	ACPRO 60:7	Adjudicator 26:10	age 71:4
1,200 11:7	absolutes 47:1	act 12:3 13:23 44:22 53:6,18 54:14,15,16,18 56:8 57:20 77:4 99:12 101:4 102:1	admin 100:12, 15	agencies 44:17,19
1,800 3:2	abuse 63:14 68:16 108:19,22 114:15	acted 72:18	administered 34:8	agency 81:9 121:8,11 122:7
10:20 59:12	abusive 54:9	acting 41:21 100:22	administrativ e 50:16 60:3	agenda 5:7
135 3:1	accept 66:5 67:14 86:23 88:14 90:2 99:18 118:2	action 36:2 63:16 105:21 110:16,24 111:1,2,3,7,18, 19 121:10 122:16	ado 60:16	agent 41:13 122:8
15 59:16	access 2:22 12:25 15:1 19:20,21,23 20:20,21,23 21:6 24:9 26:8, 12 36:9 37:24 43:18 44:5 50:22 58:18 59:5 71:12,18, 24 99:13 107:3 117:7,10 121:12 122:12	actions 54:6	ads 48:2,4	agents 41:11
16 117:10	accessed 92:13	active 119:24	adult 69:2	agree 35:18 57:2 77:11 78:18 85:2,11
1800 59:15	accessibility 4:22	activities 14:15 102:16	adults 69:4	agreed 8:19 83:20
1976 2:13	accessible 2:19 7:9 42:10 59:7 71:3	activity 32:10, 22 54:13 73:10 75:10,25 102:10 106:2	advancing 13:15	agreement 39:2 67:9
1991 2:13,14	accomplish 7:6	Acts 27:12,14	advertising 13:10 93:12,17 94:12	agreements 33:16
2	accordance 34:12 52:9 53:7	actual 56:7 69:14 70:4 104:3	advice 10:18, 23 12:10 25:21 37:6 73:12,16 74:22 76:5,7,12, 18 81:18 88:3, 11,12 96:15,16, 19	agrees 62:10 74:1
2,000 6:12	account 29:25	adapt 35:19	advise 72:21 73:20 75:19	ahead 10:8 18:10 31:2 52:21 56:6
2000 8:4	accountable 45:3,6 58:7	add 101:23	advises 10:17 53:25	air 45:15
2000s 27:24	accountant 82:1,2,7	addendum 23:9	advising 76:11	alcohol 63:13 68:16 69:10
2004 99:12	accountant's 82:2	addition 62:25	advisory 9:4 10:3 11:7	alert 10:7
2006 53:21		additional 77:4 107:22	Affairs 2:7 7:21	align 12:16
2008 25:8		address 3:9, 20,22 4:22 11:25 13:20 14:2,7 27:21	affect 39:18	alive 107:7
2016 2:18			affecting 16:5	allowed 22:19 31:12 52:25
244 101:11			affects 19:10	amendment 56:8
5			afford 44:2	American 52:15
50 77:1				amount 32:10 49:12 74:25
8				analogous 47:4
8 86:15				
A				
A8 5:14				

ancillary 42:16	14:11	association 39:6 60:7,9,11 100:24 101:3,7 102:14 103:7 104:3	avoid 16:17	bear 16:19
and/or 64:8 101:14 121:23	approaching 38:13	assess 40:25	award 60:14 108:2	bed 78:8
angry 115:15	approve 40:25	area 60:15	awkward 9:18	begin 6:3
anniversary 105:16	areas 12:18 14:1	associations 37:5 40:14	B	beginning 23:10 40:14 85:19 88:4
annual 2:14	aren't 4:2 5:7 9:7 25:24 95:16 106:10	assume 62:4, 13	back 6:21 17:12 21:8 22:1 23:15 27:5 31:12 37:9,19 43:21 51:24 59:16 66:8 67:23 69:6,17 80:12 86:2 87:8, 20 89:22 92:3 105:14,19 117:18,25 119:11 122:2,3	behalf 6:8 34:19 41:21
annually 104:19,25	argue 21:18 57:17 99:1	assuming 65:16	bad 62:13 68:18 69:4,5 74:20	behaviour 54:9
answers 3:17 9:6,7 11:21 15:21 18:6 34:9 36:24 37:16 39:10 62:5	argument 22:4 29:11 55:11,22 56:20 57:9 72:8	assumption 118:20	balance 59:5	believes 63:10 111:8,22
answer's 17:21	arguments 25:13	assurance 8:2	bankruptcy 79:9,21	believing 8:20 74:2
anticipation 20:14,17	arm 111:5	attached 42:16	banks 107:15	belongs 110:3
anymore 106:20 109:17	arm's 53:24	attend 90:8 91:16,17 117:15	bar 20:21 21:4, 21 114:22,23	benefit 3:18 31:4,5
Apparently 61:10	ascertain 67:5	attending 123:5	Barbara 2:8, 11,14 3:22 6:8 7:5 60:14	biases 16:4
appeal 25:8 56:17 98:13	asks 25:1	attention 15:3 96:3	Barry 2:5 7:16, 19,20 8:7 58:15, 16 60:20 61:9 62:19 63:4 64:19 77:12 81:18 92:16 96:3,9 97:8 102:24 120:18 123:2	big 40:3 91:2 98:17
appearing 4:21	aspects 42:20	attraction 72:17	bar 20:21 21:4, 21 114:22,23	bigger 33:21
applicable 25:9	ASPPB 60:12	audience 6:20	Barry's 61:14 63:3	bill 83:22 87:5, 10 88:3
application 13:9 14:19 48:13	assessed 35:6	audit 81:9	based 16:18 32:13 54:7 83:9 85:13	billed 87:16
applications 13:10	assessment 26:9,12 82:8 83:2 109:20,22	authoritative 79:18	basic 114:22	billing 40:18 58:4 81:11 82:3
applies 24:16 27:7 44:23	assessments 24:11	authority 26:23 52:3 67:6, 7,14 81:16,20 97:23 107:6 118:3,14,21 120:9	basically 108:23 122:4	bin 78:8
apply 10:12 17:4 24:16,21 25:6,18 26:24 91:22	assist 13:17 33:19	authorization 28:4		bit 10:4 14:18 16:25 26:5 27:4 29:15 45:14,15 54:20 56:9 68:21
appointment 50:18	assisting 63:11	authorized 10:19,23 56:9 57:20 92:14		bizarre 30:6
appointment s 40:18	associate 69:23 70:8 83:4, 15,20 86:7 109:21	automatic 24:13 75:24		blank 36:24
approach	associates 19:11	availability 123:17		blanket 75:16 84:17 89:15
	associate's 83:12	Avenue 80:9		blind 104:13
				block 48:2 50:11
				Board 2:12,14 56:18
				boards 60:12 109:24

boasts 100:19	burning 30:23	22:15 23:17	categories 60:1 120:22
bodily 21:3,23	business 3:5	25:21 30:15,19	11:9
body 53:24	5:10 42:20 82:5	35:24 37:16	child's 117:7
bonded 47:20	88:11,12	40:25 47:13	119:25
bono 12:10	busy 8:18 56:2,	49:2 50:10 52:1	chiro 92:22
37:5	3	66:5 67:24	choice 99:8
border 46:4	button 123:12	78:10 84:17	choose 35:17
borders 44:20	buy 36:13,16	86:25 89:13	41:24
45:20 46:8	37:3 39:13	92:10 93:25	choosing 13:8
bottom 49:2	47:11	103:12 106:15	Christine 6:23
97:10	BWS 3:22	109:7 111:6	7:1
box 47:10		117:2,17,18	circle 17:11
brackets 48:5	C	121:13	circumstance
brave 94:21		capable 11:17	S 10:25 23:19
breach 45:23	cabinet 47:12	69:1,3 117:6	29:25 32:14
65:21 78:3,11,	121:5	captioning	35:1 88:22
15 80:20,25	cabinets 77:6,	4:20	92:20
110:25 111:2,4	23	car 79:25 80:15	claim 57:3
112:25 113:10,	Cailyn 69:6	cardboard	clarify 112:5
15	112:3	47:10	clear 17:18,22
breaches	Caitlin 123:7	care 15:12	18:6 35:16
111:19	Caitlin's	34:17 78:5	37:15 64:20
break 3:25	66:12	career 16:15	70:14 88:3
12:2 59:13 61:7	calibrate 47:9	89:11,12	107:13,24
breaks 14:5	53:15	careful 70:2	110:15 114:2
briefcase	California	93:13 102:8	118:8
80:12	114:13	carefully	click 4:6
bring 66:13	call 12:10 15:3	15:16 24:6	client 8:1 17:6,
96:21,24 98:22	17:24 49:18	91:24 92:4,7,9	12 18:18,24
116:15 118:19	52:16 81:8 82:9	carrying 93:4	19:5 22:23
bringing	99:20	case 4:14	31:14 35:6 36:8
94:25	called 8:25	10:21 20:12	42:23 50:3
broadly 72:6,7	14:13 54:1	21:19 22:7 25:7,	51:15 52:6 58:8
broke 80:13	calling 11:23	17 26:16 32:14	63:7,23,25 65:6,
brother 48:4	65:20	45:17 54:8	8,18 66:2,4,20
brought 80:21	calls 11:7,22	56:20 59:24	67:20,21 68:14,
98:24 109:9	can/you 37:15	65:17 69:8	18 70:12,16,21
browser 4:12	Canada 44:7,	70:24 75:10	71:14 72:22
brushed 39:16	16,17,18,19	84:13 87:11,18	73:1,6 75:19,24
bucks 47:14	45:24 52:18	104:17 109:13	76:1,14,20,21,
bumped 9:22	60:9 81:9	113:16 116:22	22 78:16,20,23
bunch 89:8,25	Canadian	120:10	79:1,6,24 80:18,
	39:5 60:7	cases 20:15	22 81:1 82:9,23
	can't 9:21	22:4 23:5,22	83:1,16,22 85:4,
	12:2,23 16:17	26:2 29:24 41:6,	10 86:3,7 87:23
		8 52:6 54:6	88:6,8,9 89:24
		113:9	90:12 91:5,9,12,
		catch 66:18	15,17,18,21,22,
		123:2	24 92:17,19,21,
			25 99:13 100:2,

4,14,16,18,22 103:5 104:23 105:15 107:6,7, 10,20,22 108:7 110:9,12,14,24 111:1,18 112:13,17 113:11 114:25 117:15,23 119:21 120:23	cogent 56:20 cognition 55:17 Cohen 39:5 61:7 Cohen's 39:23 coherent 16:18 colleague 72:14,21 73:3, 17 75:4 100:11, 13 101:2,9 102:15,16,17 103:14,15 105:22 110:7 112:21 colleagues 61:1 73:13 colleague's 100:15 collected 20:14 41:10 67:1 collecting 42:17 66:24 college 2:7 3:17,24 4:17 6:2,7 7:15,21,24 8:3 9:9 10:17 17:10 27:25 28:1 32:5 34:3 42:24 48:9 50:4 51:2 55:5 56:16 57:12 58:20 59:23 60:1 71:17 72:15,24 73:5 77:15 79:10,21,23 97:13 100:2 101:2,15 102:21 103:3 121:4,7 123:6 colleges 27:9 collusion 120:17 commencing 2:1	comment 8:16 39:5 65:11 70:18 71:16 88:23 105:17 comments 18:9 65:12 commissioner 23:25 26:6,9 44:13,23 45:16, 24 46:22 48:17 committed 7:3 8:24 committee 12:21,24 17:14, 15 29:7 56:17 committees 60:10 common 10:13 20:19 25:17 27:13 94:10 communicate 40:19 communicati on 35:4 40:12 42:24 43:1 57:12 communities 90:23 community 6:15,16 90:10, 11,16 91:3 community's 91:2 companies 13:9 40:13 42:14 company 36:2 45:18 47:24 102:3 105:23 compared 58:23 compel 117:17 compelled 70:5 compelling 54:8	compensate 18:15 competence 53:12,14 competent 53:8 59:8,9 106:11 complaining 57:5 complains 119:11 complaint 19:6 23:24 26:21 31:6 45:18 complaints 17:14,15 complete 8:15 completed 35:3 completely 29:18 completing 34:25 complex 18:25 complicated 12:22 53:3 comply 14:16 98:14 component 3:2 composite 32:12 comprise 12:13,22 concept 50:3 concern 40:4 74:9 86:22 101:8 106:19 118:9 concerned 50:13 63:14 72:19 74:18 107:8 112:18 114:4,18	118:22,24 concerns 21:9 22:10 58:20 63:20,23 72:5 101:10 115:23 concludes 123:22 conclusion 29:16,19 condition 35:18 conduct 2:15 11:13 14:13,14 27:22 83:1 conducted 14:15 109:21 confidence 47:24 confidential 49:19 79:4,24 80:18 81:11,21 108:6,12,17 112:25 121:9 confidentialit y 65:22 72:4 73:8 78:15,22 80:20,25 88:15 90:5 102:8 108:9 110:17,25 111:3,4,19 113:15 114:22 119:1,5 confides 72:15 confirm 106:21 confirmation 5:20 conflict 15:8,9 66:17 conflictual 67:10 confusion 115:19 connect 4:15 conscience 16:14,16
--	--	--	---	---

consent 46:5 64:3 65:18 67:25 70:20 73:2 97:23 99:12,19,25 100:4,6,8 101:9 104:18,21 105:5,6,8,9,12 106:20 116:3,24 117:1 119:12	continue 22:8 46:21 59:16 120:5 continuing 5:11 continuous 7:4 contract 45:8, 10 48:22 61:13, 16 contrary 12:4 contributes 16:1 contributions 2:16 control 35:25 46:9 48:20,22 50:10 56:7 controlled 13:23 53:6,18 54:14,15,16,18 57:20 controls 45:21 conversation 22:8 27:8 90:24 convince 29:9 117:24 convinced 29:7 54:3 cool 5:5 cooler 5:4 copied 47:13 copies 34:25 35:9 copy 5:22 18:20 63:8 copying 32:11 35:3 37:1 copyright 32:10 33:4,18 35:17 36:3 39:9 96:5 copyrighted 13:6 34:16 35:19 36:1 96:10	corner 5:4 coroner 97:25 99:7 coroner's 97:25 98:1 106:23 116:2,9 correct 26:8, 14 31:12,23 57:17 83:4,5 84:2,5,6 88:22 107:1 corrected 31:16 correction 26:20 31:18,22 32:1 corresponde nce 5:22 cost 87:23 costs 30:16 108:2,3 council 6:9,19, 22 7:2,3 counsel 27:25 counselling 73:15 75:20,21 countries 44:5,19 country 43:20 counts 117:12 couple 13:9 40:20 47:14 94:22,23 courier 47:20 court 20:10 25:8 54:6 64:23 69:13,15 70:20, 23,24 71:7 96:8, 20 97:11,13,17, 19 98:9,10,12, 20,23 99:2,5,8 106:23 107:15, 19,20 108:3 113:9 116:15, 19,22 118:25 courts 56:18	63:18 71:3 72:8, 10 82:18,20 96:25 97:2 98:22 108:6,15 119:4 court's 68:9 coverage 100:18 covered 43:10 CPA 15:4 61:7, 10 101:11,22 103:3,8 CPD 123:20 CRA 81:16 crazy 107:2 create 34:18 84:10 created 20:14 creative 73:18 creature 24:18 credibility 49:9 credible 45:1 credit 5:14 45:17 credits 5:12,16 CRHPA 100:4 criminal 102:10 criteria 115:14 Crown 116:23 cultural 16:3 88:25 cultures 89:1 cure 93:20 current 27:23 46:10 63:11 82:24 83:8 84:9 85:23 custodian 26:11 41:7 122:7	custodian's 41:11 custody 26:8, 11 48:20,21 63:11 customer 36:5,10 61:12 cutesy 8:23 <hr/> D <hr/> da 79:5 damage 89:1 damaging 63:15 danger 86:22 110:21 dangerous 30:19 data 13:5 24:4, 10 27:16,17 28:2,3,12 32:15 33:5,7 44:9 49:1,7 54:5 69:25 97:7 data's 44:1 daughter 67:25 daughters 118:16 day 2:19 53:3 100:14 115:6,8 123:5,10,20 days 4:17,18 43:18 deal 27:11 51:1,2 56:10 78:24 109:17 dealt 26:21 debate 27:18 44:4 53:3,20 decades 2:10 deceased 106:22 107:2,3
--	---	--	--	---

December 123:16	delegate 109:8	determined 111:6	disciplinary 54:5	distorted 19:3
decide 18:2 55:20 67:21 68:21,24 72:9 87:23,24 89:5 91:14,15 97:1,2 100:23 102:6 103:6 104:12 106:13 117:22 120:8 121:20	deliberated 17:16	determining 17:19	discipline 56:17 76:2	distress 19:2 21:21
decided 86:10 104:1 106:17	deliver 47:20	development 5:11 7:24	disclaimer 10:15	distribute 34:19
decides 71:23	Delivered 55:13	diagnosis 117:14	disclose 38:5 51:20 109:19 114:17	distributed 72:7
deciding 91:25	demand 8:14	dictionary 9:14,15,16 28:21,22	disclosed 41:10 46:8	divorce 63:11 66:17
decision 3:14 25:8,9 26:5,13 69:5 72:12 78:14 91:9 92:10,11 117:8	demanding 39:3	didn't 5:21 26:12,23 31:17 36:6 37:15 39:7 69:11 80:11 99:9 104:1 110:12 119:12	disclosing 39:12 46:4	Dizazzo 6:23
decision- 16:17	denied 25:13 31:7	difference 66:15 79:5 113:20	disclosure 20:11 42:14 111:8,23	dock 122:3
decisions 10:20 17:3 47:23 69:4 91:3	denies 72:18	difficult 9:17 22:24 24:25 28:18 33:15 62:20	discomfort 83:13	doctors 25:18
declares 79:9	denominator s 27:14	difficulties 18:25	discontinue 101:3 102:14	document 15:16 38:19 54:1 99:19
deductions 48:8	dense 15:18	digital 46:18 71:1,4 95:23	discontinu g 104:3	documentati on 5:19 64:2 66:6 100:9 118:8,12
defence 37:11 88:5 116:19	dentist 118:17	dignity 15:11	discretion 20:1	documents 51:8 94:15 96:22
defend 11:5 37:10 55:21	deny 63:17	diligence 17:19 18:1 61:10,14	discuss 51:19 63:23	doesn't 4:22 12:18 21:11 24:16 25:18 30:7,9 45:1 48:10 58:11 59:14,23 77:13 86:2,3 103:9,15 105:2 109:10,18 110:5,15,24 111:1,18 113:2, 3 115:8 119:25 120:12 122:1
define 29:2	department 120:22	dilute 58:21	discussion 22:20 38:7,19	domain 39:11, 15
defined 34:11 54:24	depending 10:24 53:14 88:4 123:17	direct 8:6 60:2 112:12	discussions 32:21	don't 3:20 4:1, 8 11:18,23,24 12:16 15:21 20:22 32:5,6,7 35:24 38:3 46:7 48:11 52:2,15 59:3,4,25 62:4 66:6 68:24 73:20 75:9 79:4 81:18 85:25 86:23 89:15,16, 21 91:13,22 93:6 99:7
defining 55:6	deputy 2:6 7:20	directed 115:21	disorder 55:16	
definitely 27:6	describes 108:18 111:15	direction 14:15 76:7	disposed 41:10	
definition 28:19 54:18,19, 22,23,24 56:21 57:7,15 58:21	describing 39:25	Directions 54:2	disrupted 51:23	
definitions 9:11 28:24	description 4:6 101:7	directly 27:20	dissolve 103:7	
defrauding 105:23	desk 47:17 95:20	Director 2:6 7:20,22	dissolving 101:6	
	detail 40:1	disagreement 117:5	distinction 70:9	
	detailed 121:10		distinguish 33:5	
	determinatio n 73:3			
	determine 53:10 55:3,5 110:4			

102:12 104:11 105:21 107:9 109:17 112:2,12 113:2 115:8,11, 16 116:24 118:8,13	effects 16:11 effort 40:1 117:19 electronic 42:4 43:2 49:1 95:24 email 3:16 43:2 49:15,18 52:17 59:17 78:16 79:1 emailing 66:7 emails 77:13 emphasize 54:15 employment 102:18 empty 34:15 enable 73:12 encountered 39:25 encourage 22:17 62:16 encouraging 46:3 encryption 43:11,12 end 33:4 45:5 52:13 74:20 100:24 112:11 end-to-end 43:11 ended 48:1 73:4 endorse 40:25 endorsing 48:3 enforcement 44:6,17 engaged 32:21 43:22 engaging 22:20 ensure 42:3,5, 9 63:20,23 64:2	100:19 121:8 122:9,20 enter 103:9 119:22 entertain 37:21 41:3 entire 5:17 42:10 71:1 entitled 23:15, 23 30:6 37:5 64:5 117:23 entitlement 20:8 envelope 47:17,20 Equifax 45:17 err 111:11 establish 45:8 established 38:16 establishing 45:9 estate 107:5, 12,14,25 etcetera 41:23 48:6,7 55:17,25 100:13 ethical 14:24 16:19 50:8 69:16 101:10 ethically 52:9 53:17 ethics 2:15 11:13 14:24 15:4,15 41:23 60:15 101:11 103:2 EULETT 6:4 Eulette 6:2 evaluations 8:14 event 2:19,20 60:25 88:15 89:25 90:8 91:15,16	events 89:19 90:11 eventually 56:5 everybody's 3:18 4:21 22:21 24:23 65:16 exact 35:1 examination 25:19 examinations 25:24 Examiners 2:13 examples 9:18 28:18 29:24 30:1,2 Excellence 60:14 exception 21:12 24:9,14 73:10 exceptions 19:23,24 30:9 75:15 108:14 excited 3:6 Excuse 24:13 executor 107:15 exemption 73:11 exemptions 75:15,16 81:5 exercise 29:20 exiting 4:11 expanded 57:13 expect 11:18 16:21 expected 33:3 41:19,21 expecting 24:23	expects 77:15 111:11 expense 88:6 107:22 experience 51:21 54:8 70:19 107:18 experiencing 72:16 expertise 48:11 experts 48:10 explain 52:25 explained 109:9 explains 63:9 explanation 18:2 78:12 express 46:5 expressed 46:1,5 extent 33:2 external 40:12 48:23 extremely 12:21 55:7 extremes 47:7,15 eye 104:13
<hr/> E <hr/>				
earlier 27:25 83:9,17 86:8 96:3 107:19 early 27:24 89:11,12 easily 11:25 easy 12:25 52:16 62:17 ebay 39:13 edition 15:5 educate 50:12 educated 11:16 education 23:2 effective 6:17 7:8 12:25 effectively 13:11				
<hr/> F <hr/>				
				faced 25:22 27:2,9 facetiously 78:6 facilitate 35:4 facilitating 58:4 facing 19:5 fact 6:11,14 7:6,7,8 69:24,25 70:1,4,6 84:10 103:25

factors 30:8	feed 59:15	find 11:20,21 15:2 20:11 27:4 30:4 52:17 63:12,13 67:19 105:9	found 26:18 45:24 70:25 75:25 76:1 121:14	103:17 122:24
facts 69:15	feedback 117:15,25	finding 11:11, 17	fours 64:12	generally 85:4 93:14 99:15
fair 10:4 13:14 16:25 28:25 32:3,9 40:10	feel 14:9 53:16 68:7 74:22,23 77:17 90:7 93:16 106:2	findings 45:17	fourth 15:5 62:9	generating 16:6
fairly 32:4 121:17	feelings 72:17,19 74:19 83:13	fine 5:20 52:10 65:13,14 93:23	fraud 101:13 102:10	germane 25:15
fake 43:3,4	fees 42:15,17	finicky 50:24	fraudulent 105:21	give 3:24 9:20, 25 10:1,10 12:9 14:12,17 15:7, 19 20:1 21:6 23:7,18 24:1 25:21 28:17 30:19 32:14 35:24 37:15,24 46:6,9 47:7 50:20 62:5 72:25 81:2,17, 18,19 89:10 96:14 97:5 116:5 119:12
false 62:16 76:25 77:8,11 78:17 79:11,12, 13,15,25 80:1 86:12 87:7 88:13,16,18,21 92:1,6 94:19,22, 23 95:3 99:14, 16 101:19 104:16,20 105:2 106:18,24,25 107:1 108:7 109:1,2,6,22 116:1,4,7 117:9, 16,17 118:5,6 119:2,3	fell 116:6	FIPPA 19:15	free 7:9 14:9 19:21	giving 7:18 19:1 22:18 23:14 38:14
falses 77:11 99:15	Fellow 60:13	fireproof 77:7	freely 10:4 60:4	glad 64:19 116:20
familiar 56:7	felt 83:16 86:7 106:3	fit 21:18 75:7	friend 48:7 110:9,12	Goo 58:10
families 8:6	field 54:7	fits 54:21	fulfil 101:10 121:1	good 6:4 9:15 12:9 28:17 37:3, 6,8,11 38:9,17 50:9,12 51:17 60:19 62:1,17 65:3 69:21 75:19 78:12 80:14 81:2 85:25 92:9 99:20 100:7 115:7 118:24 122:10
family 71:7 88:14 89:18 92:21 93:4 104:18,22 107:11	fifteen 67:20, 21	five-year-old 82:21	full-day 2:20	govern 19:13
fancy 66:8 95:22	fifty 62:18	flip 117:12	fully 33:3	government 53:25 54:3
fantasy 48:5	figure 32:6 67:13	fluid 46:20	functioning 85:23	graduations 89:20
father 67:10 118:2,17 119:23 120:12	figured 3:10	focussed 123:9	funerals 89:20	granting 20:20,21
fear 20:20 51:21 73:13	figuring 56:3	follow 13:19 27:18 39:23 51:13 97:6 110:13	future 33:14 36:20	great 2:16 8:13 9:7 27:11 51:12 60:19,25 61:3
fearful 82:13	file 18:20,21 21:11,20 24:2 30:18 36:20 38:4,23 63:12, 24 65:7 69:9,19 71:1 77:6,22 87:14 93:4 94:16,18 95:17, 22,24 117:7,10 121:8 122:16	force 64:23 107:20	<hr/> G <hr/>	
fearfulness 83:13	filed 95:21	foreign 43:20	Gang 2:3,5 7:16,20 8:5,9 31:9,13,23,25 38:8,11,21,24 39:1,16 40:6 49:21 50:1 59:1, 21 123:4	
Federal 25:8 44:23 45:16	files 19:7 20:17 47:10 69:12 77:6,14,16,18, 23 78:3,5 87:11 120:25 121:2,3, 5,12 122:3	forever 117:21	garden 28:6	
	filing 47:12	forget 53:22 92:7	gather 19:22	
	fill 123:11	forgotten 53:23	gauge 47:11	
	filling 42:15	form 42:4 64:1 66:3,8 96:10	gave 26:18 56:8	
	filtered 5:5	formal 6:6 23:20 94:16 95:17	general 14:11, 13 15:8 21:19 22:6 44:25	

62:6 greater 44:16 ground 25:17 grounds 75:9, 12 108:19 109:7,13 111:8, 23 group 5:13,21 109:25 115:15 groups 5:13 60:5 group's 15:23 guaranteed 108:5 guess 2:10 21:25 27:22,24, 25 29:11 32:15 35:16 38:18 45:22 50:4 54:8 56:6 57:13 61:18 65:2 67:17 68:11 71:15 73:3 76:12 77:2 85:13 92:8 94:3 105:25 107:6 guessing 62:16,17 guidance 73:12 guidelines 11:14 14:24 guilty 75:25 76:2 guy 8:18 gymnastics 25:5	hadn't 61:4 86:10 half 7:16,17 12:14 half- 2:18 hall 47:11 handle 90:6 97:6 119:13 handled 49:7 handles 40:18 handling 42:19 hands 117:4 handwritten 25:12 happen 98:25 115:4,5,6,7,9 121:17 happened 26:15 47:18,19 70:15,24 73:7 77:21 84:18 87:20 happening 71:18,21 happy 2:3 11:20 23:6 25:2 37:25 50:13,15 82:12 hard 27:3 28:15 29:23 30:1 106:4 harm 20:23 21:3,22,23 22:1, 2 91:8 106:11 110:11 111:4,7, 9,20,24 113:1 114:18 115:24 harmful 20:21 hasn't 22:11 25:9 39:2 113:5 haunt 89:22 haven't 6:24 15:14 35:14 59:1 63:7 95:23	hazard 86:25 heads 24:5 26:3 health 19:21, 22 26:10 34:21 41:7,9 43:7 50:5,6 53:22 56:17 60:2 77:3, 5 92:23 99:12 120:23 122:7 healthcare 25:25 hear 10:4,14 16:24 18:18,20 20:16 21:15 40:24 50:13 53:1 62:12 66:13 77:9 109:23 heard 8:24 42:23 43:3 60:24 64:11 77:10 80:7 99:15 121:24 hearing 8:8 20:18 Hearings 7:22 heavy 47:11 held 44:15 helpful 38:14 55:14 63:15 82:22 116:21 helps 7:10 here's 50:17 76:16 hesitating 77:2 hey 37:23 he'd 57:1 he's 6:21 8:4 57:4 60:6,10 72:16 73:21 82:18 84:13 110:8 112:16 hierarchical 15:7	hierarchy 14:20 102:24,25 high 20:21 21:4,22 22:12 47:12 113:15 114:21,23 high- 66:16 highest 15:10 highly 51:5 67:10 hint 14:12 hire 122:14 hired 121:4,7 historical 16:3 85:20 history 51:20 hit 30:8 hold 46:16 66:7 holding 23:15 holds 57:10 home 26:5 121:3 hook 109:11 hope 10:10 15:15 40:24 78:11 93:25 hoping 61:19 hospitals 80:9 hosted 43:19 hosting 40:11 Hotmail 50:22 hours 87:14 HPRAC 53:24 huge 39:11 49:11 hundred 47:14 husband 79:2 husband's 100:17	<hr/> I <hr/> icon 4:5 ICRC 17:13 idea 12:9 15:19 37:8,16,22 38:9, 17 50:9,12 51:17 68:19 70:15 79:13 80:15,24 92:9 115:19 122:10 identifiable 115:17 identified 113:16 114:25 115:11,21 illegal 65:4 imaginary 69:22 immediately 72:22 73:20 74:8,9 76:11 89:13 imminence 113:17 imminent 110:22 111:6,7 113:1,4,5 115:2, 20 impact 91:24 92:5,6,10 impair 55:24 57:6 important 44:25 50:3 65:14 67:3,5 70:8,13 85:18 89:9,22 90:7 91:17 92:15,17 117:25 120:13 importantly 39:8 impossible 62:20 90:10 improving 58:18
<hr/> H <hr/> H&r 48:2 HA147 31:7 hacked 50:15 hacker 50:21 hacks 43:15				

inadvertently 45:20	individuals 7:15 46:1,6 52:4	Inquiries 17:14	internally 28:16 30:2	54:20 74:16 119:17,19
inappropriate 31:21 33:12 43:7 64:22 83:7, 10 85:12 88:13, 17,22 89:14,23 117:14 122:2	individual's 55:16,24 86:1 106:3	inquiry 17:8	International 60:11	issues 8:11, 14,17,21,25 10:5,13 13:2 14:5,12 39:7 60:16 61:22 82:24 83:24 84:12 88:16,25 90:5
inbox 123:13	inform 72:24 101:5,13 102:3, 4	insight 55:24	Internet 100:12	
incapacity 101:16 103:18	informal 9:16	insignificant 30:17	interpret 10:21 88:20 97:1	interpretation 56:13
incidents 54:9	information 3:25 13:3 14:18 15:18 18:12,22 19:1,3,21 20:1, 2,9,13 21:11,16, 17,24 22:3,11, 16,24 23:3,14, 19,24,25 26:6,9, 11,13 30:4,22, 23 33:13,21 35:5 37:14 38:15 39:21 40:7 41:7,9,12, 14 43:7,18 44:12,15,18 45:3,4,13 46:2, 4,6,7 48:17,20 50:5,6,14,16,20 51:5 53:2 58:11 63:14,18,21,24 64:1,4,21,22 65:8 66:2,22,23 67:6,18,19,20, 22 68:15,19 70:3,11,12,13 71:25 72:6,10 77:3,5 78:20,23 80:10,18 81:12, 20 82:6,16,21 83:11 84:8 85:14,16 87:19 88:1 92:13,24 93:9 95:8 97:8, 18 98:11 99:12 102:9 107:10 108:5,16 109:12 112:7,11 113:4 114:18 116:11, 17,25 117:2,23 118:14 122:7,15	insist 121:5	interpretation 56:13	IT-RELATED 4:1
include 7:23 93:11 100:1 101:8 110:6	instruments 34:18,19 35:1,7	inspections 20:18	interpreted 95:6	it'll 4:18
included 95:8 96:5	insurance 37:4 45:19 100:18,20 101:4,13 102:1, 3,10 105:23	instituted 2:14 27:19	introducing 59:22	it's 3:22 6:18 7:7,8,9 8:18 9:24 11:18 12:3, 9,21 13:2 15:18 16:23 17:1,11 18:5 19:15 20:21 21:6 22:20 24:12,14, 15,18 25:9,17, 21 27:4 28:10, 15,18 29:17,18, 19,23 30:5 31:4 34:13 35:8 36:4 37:2,8 38:12,17 39:18,19,20,23 40:4,5,7 41:3,6 43:3,4,6 44:24 45:7 46:19 47:3, 4 48:16,21 49:3 50:1,9,12,18 51:17 52:8,10, 11,15,16 53:1,5, 10 54:19 55:1,7, 9 56:15,19 57:17 58:15 59:4 60:19,22 62:20 65:2,5,24, 25 66:10,17,21 67:11,19,21 68:12,21 69:5 70:7,8,12,14,16, 23 71:21 78:1, 15,18 80:1 81:14 84:8,17, 25 85:19 87:13, 15,21,22,24,25 88:5,7,8,9,18 89:23 90:3,7,10, 23 91:7,17,19 92:9,15,17,21 93:18,25 97:16,
includes 94:16	intended 43:8, 16	instrument 34:18,19 35:1,7	introduction 7:19 59:24	
including 72:5	intention 113:16	insurers 100:21 101:5	intuitively 33:12	
inclusion 54:13	inter-collegial 5:15	integrity 15:12 33:13 39:18	invalid 105:10	
incompetence 101:17 102:19 103:19 104:8	interaction 5:16	integrity 15:12 33:13 39:18	investigation 7:22 20:19	
inconsistent 91:14 103:11	interactive 61:23 62:25	intended 43:8, 16	s 7:22 20:19	
incorrect 84:3,4	interest 17:6, 12 22:21 68:23 91:4,12 100:21	intent 113:16	invitation 88:14 90:3 117:2	
increasingly 82:13	interested 49:17 79:7	inter-collegial 5:15	invite 6:1	
independent 25:19,23	interesting 50:1 65:1 68:6	interaction 5:16	invoice 100:16	
independentl y 120:6	interests 10:25 15:25 63:19 68:4,5,12, 13	interactive 61:23 62:25	invoices 82:3	
indexed 11:20	interference 31:1	interest 17:6, 12 22:21 68:23 91:4,12 100:21	involve 30:13	
indication 22:19		interested 49:17 79:7	involved 10:11 20:5,7,12 23:5 35:13 73:6 75:23 86:2 88:25 89:18 120:16	
indiscernible 76:3 84:7		interesting 50:1 65:1 68:6	irrespective 91:2	
individual 15:23 21:1,3 61:14 106:1 115:1,11		interests 10:25 15:25 63:19 68:4,5,12, 13	isn't 5:2,3 10:2 17:22 25:15 29:3 30:20 34:6 44:11	
		interference 31:1	issue 14:9 16:6,13 20:20 37:19 39:8 50:2	

19 98:12,25 99:16 100:7,20 104:2,9 106:4, 19 110:4 112:16 113:4,11,15,16, 20 114:1,15,21, 23 115:5,9,10 117:12,21 118:19 120:13 122:10	job 8:18 17:23 74:15 joining 4:9 7:7 8:3 Jones 100:16 judge 20:13 25:17 71:23 72:9 97:12 98:5 107:21 judgement 10:6 16:24 17:1 34:11 50:25 55:24 72:20 75:4 91:5,7 120:4 judgements 20:24 judge's 72:12 judging 110:21 Juli's 57:2 jump 15:21 jumps 21:8 22:1 jurisdiction 52:5,14,16 jurisdictions 51:10 52:3,17, 20 justify 78:3,4	kind 4:8 5:22 9:5 36:19 37:17 38:6,16 52:18 62:9 65:25 66:2 67:23 70:9 71:8, 18 72:7 78:11 81:16 82:6 83:11 85:9 89:15 90:6,13 91:22 93:24 95:15 114:15 118:13,14 120:17 123:17 kinds 10:13 11:6 12:6,7 16:3,5 27:10 37:17 41:16 81:4 86:19 knew 34:3,23 71:3 knowing 38:11 119:23 knowledge 10:21 42:7 53:12,14 112:12 knowledgeable le 112:21	23 lawyers 10:18 20:6 70:22 108:2 lawyer's 37:8 lax 44:5 lead 19:1 56:13 leadership 7:23 leads 28:23 leaning 89:17 learn 6:14,15 learning 6:16, 17 7:4,12 leave 47:10 73:2 80:6 86:10 121:14 leaving 121:1 led 7:16 28:6 left 52:22 80:10,12 83:19 120:23 leg 22:7 legal 10:18,22, 23 12:10 20:4,5 25:21 30:8 37:5 50:8 81:18 84:12 96:15 97:22 105:22 106:24 107:4, 12,13 legislated 19:20 legislation 12:4,18 14:22, 23 19:10,13,18 21:8,13 23:18 24:13,18 27:3 41:5 43:24 57:25 64:20 79:16,17 81:22 92:12 93:8 99:24 100:3,5 103:1,2 111:5, 10 113:1 114:14,24 115:1,3,24	118:7 legislation's 22:12 legislative 44:14 56:13 legislatively 100:10 legislators 12:20 legitimate 17:11 22:10 34:10 87:15 legitimately 23:13 length 53:24 letter 63:6 66:3,5 letterhead 93:11 94:3,7 letters 33:23 43:13 letting 97:2 let's 21:9 40:9 51:7,9 72:13 116:20 level 9:21 liability 37:4 life 84:10 119:25 likelihood 115:3,9,10 likes 64:14 74:3 limits 12:15 list 46:15 76:16 108:13,14 listerves 32:6 litigation 19:4 26:1 litigious 23:5 live 46:13 lived 90:9
I'd 6:1,16,20 8:11,23,24 14:4 53:19 65:7,10, 11 89:10 90:10 I'll 14:7 18:10 31:1 37:10 38:4 49:14,15 96:14 109:17 114:6 116:5 123:1 I'm 2:5,6 4:17 6:24 7:11,18 10:8 11:11 13:21 15:17 18:8,14,25 19:2, 5 24:21,22,23 29:16,17 35:15 37:25 40:2,16, 20 42:1 47:6 48:3 49:15 50:13 52:21,25 54:21 55:8 62:12 64:19 65:16 68:3 69:10 87:18,19 88:20 89:11,17 90:19 105:11,18 108:1 111:13 112:18 116:20 117:20 120:16 I've 9:8 18:19, 24 19:6 28:6 39:24 42:23 48:2 51:14 53:23 64:11 68:25 78:6 80:1 99:25 100:5 118:15 120:13	<hr/> K <hr/> Karen 39:5 61:7 Karen's 61:19 Katrina 77:20 keeping 40:23 91:18 114:22 123:8 key 43:17 47:13 121:6 Keyes 6:23 kids 48:6 118:19	<hr/> L <hr/> lag 3:11 laid 85:18 large 30:18 39:14 law 10:21 20:10 21:7 25:7 33:11, 18 39:9 44:6,17 64:24 69:13,16 107:24 lawsuit 80:21 lawyer 10:24 18:18 37:22 38:7,20 63:9,10, 20 64:4 65:19, 20 80:21 81:7 82:1,17,19,20, 25 83:5 87:18, 24 88:3,4,5,9 96:19 98:21 107:23 116:19,	January 123:16	

loading 122:3	made 3:13 12:24 20:25 22:5 25:12 31:11 33:17 35:1 45:16 72:11 82:11 91:4 92:11 114:21	map 29:20	72:15 79:9 101:15 102:17, 18 103:5,19 104:11 106:7,8, 12,13 120:21 121:4,7	misconduct 83:18 86:9,13, 16 100:23 101:4,16 102:19 103:18 106:9
located 44:4 52:4,7	mail 66:8 99:10	March 8:4	members 6:19 7:2 11:8,16 13:16 34:2 35:12 51:3 60:20,21,23 61:4 72:3 77:15 89:12	misleading 22:18
locked 77:6,25 80:13 121:5	main 93:17 94:18	Marilyn 6:22 7:1	mentioned 6:19 7:2 11:8,16 13:16 34:2 35:12 51:3 60:20,21,23 61:4 72:3 77:15 89:12	mission 7:6, 10
locks 47:12	maintain 73:8 119:1	mark 4:5 8:20	membership 7:4	mistake 69:2,3
logging 2:5	make 2:19,20 3:10 4:22,23 8:11 16:17 23:6, 23 26:13 29:22 31:18,21 35:8 36:12,17 40:21 42:18 49:5 51:24 52:20 55:10 57:9 61:12 69:2,4,5 70:9,13 73:3,5, 8,20 85:18 88:3 89:15,21 91:10 95:19 111:9,12, 24 120:2,10,14	marked 54:12	memorized 11:19	misundersta nding 22:2 23:2 44:10 85:22
logical 29:11	makes 29:21 60:4 79:5,17 107:2,13 120:4, 9	match 12:19	mental 25:4 60:1 120:22	misundersta ndings 19:2
logistical 90:6	making 16:18 41:13 42:6,11 47:23 70:3 72:7 91:6,9 92:11 110:20 123:19	matching 27:5	mention 39:7	misundersto od 21:25
logo 93:11 94:6	manage 13:11 91:8	material 33:8 96:5,10	message 43:6 46:8 56:12 89:9	misused 19:4 21:25 22:3,11
London 90:19	management 8:1,6 13:8 40:17 61:9,11,17	materials 13:6 14:4 33:6 35:17, 19 36:1 49:3 79:25 94:18 95:15	messages 33:23 49:16	misusing 23:3
long 8:4 30:7 42:11 53:7,21 56:2 58:1 61:4 80:6 82:23 105:5,7 108:13, 14	mandatory 72:14,24 73:5, 11 75:8 76:6 100:2 102:20 103:24 114:19	matter 10:16 30:9 38:12 56:19 71:23 78:2 79:10 91:19 101:12 118:12	messaging 42:22	mitigated 22:15 23:17
long-term 16:11 104:17	manage 13:11 91:8	mean 10:16 30:9 38:12 56:19 71:23 78:2 79:10 91:19 101:12 118:12	met 22:11 30:14 111:7 113:5	mitigating 42:8
loss 42:12	manner 100:22	meaningful 38:15	metal 47:11	monitor 46:21
lost 77:23 92:1, 13 93:5	manuals 33:9	means 9:13 17:2 43:12 45:7 48:21 49:5 55:3 69:13 81:10 97:2,3	MFIPPA 19:15	month 48:18
lot 8:19 10:9 11:10,18 12:22 13:7,15,21,22 16:2,20 20:3 24:5,17 30:21 40:13,23 41:16 42:2 43:21 44:21 49:11 50:24 51:11 53:2 59:23 64:11 70:6 80:4 88:6 93:16 94:8 98:1 107:2		meant 10:17	mic 66:13	months 51:16 82:10
love 48:2,4		measures 40:1	microphone 31:3 95:1	mood 55:17
loved 28:17		mechanism 26:19	mic's 49:13	moral 15:24 50:8 105:20,24 106:5
lying 73:7,21 75:11		media 43:2	middle 47:8 58:14	morning 5:18 6:3,4 7:11,15,16 8:19 12:14,15 13:21 60:19
Lynette 6:2		medical 25:19	Middleton 6:21	Morris 7:17 59:22 60:18 66:18,22,25 67:3 68:6 69:18, 21 71:6,11,20 76:9 84:16,23 87:12 88:10 89:3 90:14 91:11 95:4,7,13 96:7,9,13,18,25
<hr/> M <hr/>		meet 8:20 21:12 54:17,19 55:22	mind 11:1 91:18,19 92:15 96:18 99:22	
machinations 25:4		meets 56:21 57:6 115:14	minute 118:9	
		member 6:22 14:14 17:18 18:18 21:10 60:5 61:15	minutes 52:22 59:16 120:19 122:25 123:2	

97:21 98:18 105:25 106:17 108:1 112:8,14, 16,23 113:12, 18,21,24 114:3 119:14,18 Morton 123:7 mother 67:6, 23 119:24 120:15 motion 98:22, 24 motivation 75:21 motor 31:2 motto 93:11, 20,21 94:6 mouthful 11:14 move 37:19 58:17 72:13 100:24 moves 107:4 moving 58:21 80:4 Multi 34:21 multi- talented 123:8 multiple 36:16 56:13	needed 57:16 negative 29:3 negligent 54:4,9 news 43:3,4 nice 60:22 89:19 95:19 nobody's 56:14 non-member 60:5 North 52:15 note 59:19 61:6 118:18 notes 25:12 63:9,10,12,13 64:3,6 69:24 70:3,5 94:15,17 95:3,4,6,12,14, 16,18 96:22 nothing's 73:7 notice 23:20 74:25 86:19 98:21 116:16 notify 79:9 number 3:7 13:2,14 32:3 40:10 49:18 50:17 60:24 61:4,25 64:18, 19 65:13,14,15, 18,19,23 68:8,9 74:7,12,14 75:2, 3,5,6,7,12,14,18 77:19 80:7 84:24 85:3,11, 15,24 86:5 87:1, 3 91:23 92:3,4 93:10 94:14 97:21,22 102:13,22,23 103:8,11 106:18 108:4 111:17 112:1,2,24,25 114:6,7,10 117:5 122:1,4, 13,21	numbers 3:7 45:19 <hr/> O <hr/> objected 29:1 obligated 116:14 obligation 62:24 68:11,23 75:8 82:8 83:1,6 85:1,9 98:13 101:5 102:3,4,9, 11 103:8,17,24 104:2,12,14,20 105:20,22,24 106:5 108:20, 23,25 109:7,14, 15 112:19 114:14 121:2,25 122:5,8,10 obligations 50:7,8 85:3 101:11 102:25 110:16 119:1 obliged 101:13 obscure 19:17 obtain 10:22 obtained 46:1 99:13 obtaining 73:2 obvious 34:13 54:5 67:12 occupational 86:25 occur 25:5 54:10 offer 82:21 121:11 offering 76:5 office 45:16 80:4 98:3,17 100:12,24 116:12 officer 98:3	official 59:13 66:6 98:12 offset 111:3,9, 20,24 offside 41:25 onerous 36:4 one's 65:1 79:15 ongoing 19:4 online 2:5,21 3:8,19 5:14 6:10 7:13 31:5 40:17 62:22 70:24 71:5,12 Ontario 2:12 13:16 26:6,7 40:13 44:7 60:5 114:12,17 Ontario's 58:17 OPA 60:14 open 57:9 71:9 111:13 opinion 17:25 26:1 37:8 56:25 59:4 opportunity 7:12 opposed 65:20 108:24 109:15 122:19 option 62:1,2 76:1 options 11:4 16:5,10 17:20 46:6 61:25 62:6 order 15:8 20:10,13 63:19 64:23 71:12 87:15 97:12,17, 19 98:9,10,12, 20,23 99:2,5,8 106:23 107:15, 19,21 115:9 117:1 organization 45:3 60:13	organizations 45:1 60:8 organized 5:23 40:24 original 83:4 Orleans 77:20 OSR 109:20 110:2,5 OT 92:22 Ottawa 2:4 60:23 61:4 90:17,19 Ottawa- 90:14 out-of- province 13:19 outcome 35:25 outrageous 30:7,15 overheard 100:15 overlap 27:11 overruled 25:10 oversee 9:4 overwhelm 72:19 overwhelmed 74:19 owe 78:21 Oxford 9:15 28:23 O'kelly 123:7
<hr/> N <hr/> named 60:12 110:11 names 72:23 National 60:8 nature 121:8 navigate 22:23 24:7 neat 95:20 necessarily 62:5 89:23 119:4				
				<hr/> P <hr/> paid 87:2 88:7 panel 76:2 paper 36:25 57:8 95:22 papers 116:12

PAR 35:14	past 4:11 14:2	period 42:10	phenomenal 8:18	place 22:13 28:1 29:4 38:14 52:6 69:11 75:10 80:18 99:24 100:5 102:23 116:15 123:8
paralegal 10:25	patch 9:19	periods 80:7	PHIPA 19:10, 18,19 23:19 24:8,16,19,21 25:6,14,18 26:20,23 27:7, 19 37:23 41:6 77:11,13,14 92:5,17 99:17, 23 104:16,24 105:2,3,4 107:13 114:8 117:9	places 12:7
paraphrase 15:17	patchwork 12:18 27:4	permanent 80:17	phone 50:17 99:20	plaintiff 88:5
pardon 28:7 42:24 74:4 113:21	path 28:7 73:14 75:22	permissible 93:10	photocopier 100:12	plan 123:15
parent 66:16, 21 97:18 117:6, 8 119:11 120:5	patient 92:21 113:22 114:25	permission 12:1 34:6,14 52:5 81:1,3 113:6 114:8 115:24	photocopy 32:18	planned 110:10
parented 14:17	patients 72:17	permit 35:11 44:5 57:25	photocopyin g 34:15	plea 72:8
parents 117:9	Patriot 44:22	permits 23:18	physically 42:5	pleasurable 61:5
parent's 117:7	pay 30:16	permitted 21:7	physician 25:11 80:8 92:22 93:4 104:18,22	pleasure 59:22
parse 9:12	paying 96:3	perpetual 9:6	physician's 25:12	pocket 37:9
part 23:21 33:15 36:12 55:23 66:19 68:8 89:17 108:16 114:19 119:25 120:1 123:20	peers 29:7	person 21:3 23:23 29:1 30:16 36:6 41:13 47:19 50:10 51:21 53:10 55:18 58:7 60:23 62:11 66:15 69:1 74:21 75:1, 11 85:12 86:24 94:21 104:4 109:6 110:11 115:14,16,17,21 118:21	pick 90:15	point 9:13 14:8 19:24 29:12,13 50:3 85:4 92:9
participant 119:24	pen 57:8	personal 16:8, 14,16 41:9 43:7 46:2,4 48:20 49:7 50:5,6 51:5 77:5 79:9,21 86:21 92:23 99:11 107:25 114:17	picked 47:18 64:19	pointed 54:2
participated 5:17	people 2:4,19, 22 3:1,2,8,15 5:7 6:12 8:15,16 11:1,10,22 13:4, 19 15:11,24 17:2,8,9,24 18:5,6,8 24:3,5 26:2,18 28:8 31:5 32:8,23 33:17 36:8,9 37:3 40:23 45:8 49:8,16,20,23 50:10 51:2,11, 12 52:11 53:5, 19 54:17 56:3, 10,23 59:6,9,15 60:25 62:1,22 76:17 78:7 79:12,13 80:3, 24 84:22 89:10, 11 93:16 94:8,9, 23 95:17 102:2 103:10 107:2,8 109:23 112:1 115:19 121:18, 19 123:2,8	personally 61:2	pickup 47:18	police 98:3 101:14 102:5,7, 12
participating 3:6 6:12	people's 16:15 20:16 45:19	person's 20:22 47:16 50:22 85:13	picture 93:11 94:7	policy 7:23 46:12
parties 78:20 118:11	percent 62:18 77:1	ph 108:9	pictures 94:8	policy- makers 12:20
partnership 103:7	perform 57:20	pharmacist 92:22	piece 19:17 23:16 36:24 68:9 74:8	political 9:20
parts 24:2	performing 25:18		pieces 18:16 19:12 21:17 24:18	popular 13:1 18:11
party 41:13 46:10 78:22 79:7 105:16 110:19 112:12 116:25			PIPEDA 24:16 25:14 44:24 45:1	portions 38:2
pass 88:6				pose 18:15
password 43:11,18				position 46:12 52:8 56:14 57:14
password- 51:7				positions 56:16 60:4
				possess 94:16
				possession 96:23
				possibly

21:18 22:23 119:23	presentation 8:11 10:16 46:14 63:3	problem 4:7 14:3 27:2 54:23 61:24 74:7,12 119:14 122:19, 21	programs 8:2	provide 7:11 9:6 15:12 18:1, 21,22 21:10 22:9,16 23:8,22 24:12,15 26:1 28:11 29:11,23 32:12,15 39:21 41:12 45:4 46:21 53:12,13 61:25 72:2 74:24 82:19 83:10,20 85:1,2 87:13,19 95:8 101:7 107:9 108:16 116:25
post 3:17	presentation s 60:4 69:1	problematic 65:5	progress 82:12 85:17	provided 28:19 82:17 85:20 109:11 120:5
potential 22:1 58:23	presented 97:8	problems 9:17,21	prohibit 41:1 45:1	provider 60:3
potentially 86:24	President 6:2, 7	proceeding 20:5,15	prohibited 21:7	providers 4:4
power 98:1 107:5	pretty 6:11 8:18 21:4 37:13	proceedings 4:16,24 63:12	prohibiting 20:11	providing 13:16 19:25 21:19 23:1 25:25 50:5 51:10 72:2 85:16 106:10
powers 44:18	prevent 71:17, 21 91:8	process 16:18 37:17 45:12	prohibition 24:15 44:14	province 2:22 13:18 19:12 58:17,21 97:25
practical 14:18	previous 83:12,21 105:19 119:10	produce 35:18 94:15	prohibitions 19:25	Provincial 60:11
practice 8:12 9:4 10:3 11:7 12:19 13:8 17:7 41:22 42:20 52:14 54:4 60:6 61:9,11,16 65:3, 24,25 88:11,12 90:11 92:8 93:12,22 94:9, 13 99:20 100:7 103:25 104:7 121:1	previously 82:25	produced 20:17 54:1	prohibits 42:23 43:1 79:24	provision 27:19
practices 13:11 77:22	primarily 8:5 20:14	products 41:2	promised 110:18	provisions 30:11 52:18,20
practicing 41:24 79:10	principal 109:19 110:4	profession 2:17 17:2 39:14 114:23	promptly 82:16	psych 69:23 70:8
practitioner 92:19	principle 15:10 114:23	professional 2:7,15 5:11 7:2, 21 8:12 10:6,24 11:13 12:19 13:8 16:24,25 22:17 27:21 32:17,18 34:11 35:10 37:3,4 40:17 48:14 53:25 60:6,15 75:4 83:18 86:9, 13,16 88:11,12 91:5 94:1,5 100:23 101:4,16 102:19 103:18 104:9 106:9	proof 118:14	psychiatrist 113:9
practitioner 54:7 72:23 73:12 77:21 92:24	principles 10:11 15:5,21 16:19 44:25	professional 19:22 35:5 57:19	proper 28:4 29:2 64:1	psychological 18:13 19:11 24:10 28:3 34:5 39:6 40:14 47:16 60:2 83:4, 12,15,20 86:6 92:1 109:20,21 110:6 121:12
practitioner 54:7 72:23 73:12 77:21 92:24	printed 49:3	professionally 117:13	proportionate ly 52:19	psychologist 18:23 26:7,10,
practitioner 54:7 72:23 73:12 77:21 92:24	prior 8:3 34:6 85:4	professionals 19:22 35:5 57:19	proprietary 13:5	
precedent 117:8	privacy 19:13 23:25 24:18 26:6,9 43:24 44:2,12,23 45:16,23 46:22 48:17 72:4 108:5	professions 53:22 56:17	prosecuted 52:13	
predicted 13:22	private 32:7 79:4 120:21 121:1	program 3:4 7:24 14:17 58:19,23	protect 33:3 45:7 48:19 49:1 52:4 63:19 68:3, 11,12 97:9	
prefer 51:6,7	privilege 6:18 20:4 59:21		protected 42:12 51:8	
preferred 117:15	privileged 7:14		protection 43:11 77:4 99:12 114:5	
premises 98:7	pro 12:10 37:5		protections 92:25	
prepare 83:7 85:12			protest 11:23	
present 110:21 113:17			protocol 34:9	
			protocols 33:10 39:24 40:4	

14 31:7,15,17, 21 40:13 69:9, 11,23 70:8 83:5 96:16 110:13, 15,17,20 112:6, 8 113:3,10	push 18:10 56:23	21 4:1 9:2,5,6 11:6 13:7,12,15, 18,23 14:6,7,10 17:8,16 18:9,14, 15,16 22:22 30:24 32:4 33:9 37:14,18 39:10 40:10 51:11 58:13 59:17 62:19,21,23 122:24	reading 108:13	58:7 112:11
psychologist s 6:14 15:4 19:11 72:15 112:5	pushed 123:12	put 3:16 4:5 20:13 22:13 23:9,11 28:1 33:13 36:1,24 38:22 41:25 46:14,16 48:17 50:20 68:8 69:25 71:12 79:14 87:5 93:22 94:7 104:7,12 107:21 109:10 117:19, 20 122:10	ready 61:20	recent 13:1 32:4 56:8 57:12 79:8
psychology 2:13,17 13:4 60:8,9,12 82:5 120:22,25	putting 33:13 79:16	putt 122:10	reaffirm 104:17	recently 2:10 13:7 18:11 32:21 82:17
psychothera pists 55:6 57:21	puzzle 84:10	Questions@ cpo.on.ca 3:23	reaffirming 104:21	recently- appointed 6:22
psychothera py 13:24 52:23 53:19 54:11,12, 15,16,17,18 55:3,4,11 58:16, 19,22	<hr/> Q <hr/>	queue 4:8,9	real 6:13 18:16 44:22	RECESS 59:19
PT 92:22	qualified 10:19,23 22:16 32:17 35:4,9 59:6	quick 37:13 58:16 61:6	realized 63:2	recipient 43:16 50:6 60:14
public 6:22 16:19 39:11,15 51:3 70:23 71:4, 9,19 72:11	quality 8:1 47:12	quickly 18:8 24:22 39:17 120:20	realizes 21:1	recipients 43:9
publisher 36:14	query 36:17	quote 81:21	reason 3:13 23:22 26:3 31:16 37:6 43:9 66:1,5 68:8 83:13 85:25 86:1,3 87:1 89:4,7 102:22 118:4,21,24	recognition 2:16 5:15
publishers 33:21 34:20 35:21 36:7,15, 17 97:5	question 3:15 4:5 17:11 18:11 24:3,20 28:13, 15 30:5 31:2 32:12 34:4 35:2, 23 36:18 39:23 40:7,15 41:5 44:8 49:12,15, 23 51:14 52:1, 24 58:16 66:12 68:1,7 69:16,22 71:16 78:19 87:7,10 88:23 90:13 94:23,25 105:17,20 116:5,7 119:10	<hr/> R <hr/>	reasonable 28:2,10,14,20, 25 29:1,8 32:13 33:6 39:20 48:19 55:9 74:25 75:9,12 78:13 86:19 87:4 108:19 109:6,12 111:8, 23	recognize 29:19
pull 108:13 119:20	questioning 68:3	race 52:21	reasoned 18:2 55:10 56:19	recommend 80:6
pun 12:23	questions 3:7,9,11,12,17,	raise 71:22	reasoning 17:4 25:20	recommenda tions 40:21
purchase 33:16 35:17,18 36:5		raised 101:10	reasons 12:8 30:3,7 36:6 85:6,7 88:7 101:3,6 102:18 104:8	recommendi ng 48:4 78:9
purchasing 36:9,13		rally 61:5	reassessmen t 82:24 83:7,15	reconfirm 105:16 106:18, 19
purpose 25:24 34:7 35:20 58:3		rarely 19:17	receive 66:1	reconfirming 104:21
purposes 27:12 85:21		rating 45:18	received 26:8 63:6 66:3 78:16 79:2 99:20 105:6 107:12 110:9	record 18:13 22:9 26:15,16 39:12 47:17 70:22,23 71:13 99:13 106:22 107:3,4
pursue 121:1		rational 32:13	receiving 3:11 13:7 49:15 52:7	recording 96:22
		raw 13:5 24:4, 10 27:16,17 28:2,12 32:15 33:7 36:23 97:7		recordings 94:15
		re- establishing 77:21		records 13:4 40:11,18 42:4,9 48:18 70:19 71:2 72:2 81:10, 11 116:3
		reach 44:20 51:3		
		reached 14:8		
		read 15:15 24:6 27:3 40:2 41:20 43:15 49:2 92:3 123:14		

recovery 20:25 21:23	regulations 9:10 11:12 14:16,22 41:22	reloading 4:12	reprisal 73:13	resources 48:12
reduce 10:5	regulators 54:6 60:9	reluctant 51:19	reproducing 36:1	respect 15:10 20:22 28:22 33:4 50:7 91:6 97:6 104:20 108:6 119:5 121:2
reductions 48:7	regulatory 56:8 60:8	rely 62:22 123:15	request 13:4 23:21 24:25 25:12 26:8,19, 20 28:4,14,22 30:13 31:7 63:17 64:6 66:6 67:6,18,22,24 83:14 88:8,9 97:17 118:3 120:6 122:15	respond 3:15 49:17
redundant 3:13	reimburseme nt 100:20	remain 15:6 41:9	requested 18:19 31:19 63:21 64:4	response 34:21 35:13,15 103:22
refer 54:17	related 21:16, 17 63:3 82:18 83:21,24 85:22 87:9 98:7	remains 46:20	requesting 30:3 66:4,16,21	responses 33:24 34:2 36:20
reference 36:20 79:17	relates 45:13 57:21	remember 12:23 16:22 24:24 31:14,17 70:25 92:17	requests 18:14 27:3 36:19 63:8 82:16 121:12	responsibiliti es 7:23 41:7 85:3
referrals 100:14	relations 8:1	remind 53:4,5, 19 72:22	require 10:20 21:6 63:25 79:8 101:14 103:15 116:3	responsibility 15:13 77:16 78:2 91:7 120:24 121:13
referred 69:9 77:12	relationship 51:22 55:14,15 88:15 89:1 91:8, 19 108:6,17 119:22	reminded 110:16	required 23:7 26:14 33:10 34:6 42:3 47:21 63:18 65:25 101:1 103:13 116:14	responsible 15:12 17:3 41:9, 14
referring 82:14 90:17 101:22	relationships 15:13 90:22	reminder 58:6	requirements 24:15 73:11 99:25 118:1	responsibly 40:3
refreshing 4:12	relationship' s 9:18	replacement 121:14	requirements 27:11,15 72:25	rest 112:24
refreshments 59:13	release 13:3,5 18:12 19:7 20:2 21:16 22:21 30:22 37:14 63:22 64:1,3 66:2 67:24 116:3 117:1	report 31:8,9, 11,14 39:25 40:2,5 73:5,9,21 75:12 82:19 83:8,10,12,20 84:18 85:17,19 87:3,13,15,22 96:4 100:2 101:2,15 102:11,20 103:13,15,18 104:2,4,10 105:21,22 108:20 111:9, 12,24 117:14	requires 23:20 77:4 99:23 100:9 102:19 104:10,16,24 111:5 113:1	restrict 62:3 102:15
refusal 23:24 89:1	released 28:4 33:8,10 45:22 64:6 68:17 70:22 106:23 110:5	reported 109:14	requirements 27:11,15 72:25	restrictions 94:12 104:7
refuse 19:7 21:8 22:15 23:18 32:14 83:14 117:3	releasing 18:13 116:17 122:17	reporting 72:14,25 73:11 75:8 100:11 103:24 109:15 114:15	requires 23:20 77:4 99:23 100:9 102:19 104:10,16,24 111:5 113:1	restrictive 93:17,18
refusing 23:21	relevant 11:11 30:5 38:2	reports 17:14 110:6	research 17:23	rests 108:20 109:3
register 5:21	reliability 39:10	report's 92:1	researcher 80:8	results 35:9
registered 2:9 6:24 36:8 57:21	relieved 27:10	representativ e 107:4,12,14,25	resolved 79:11	retained 25:25 41:10
Registrar 2:6, 12 7:20 8:17 59:23	relinquishing 46:9			retention 42:10 120:24
registration 5:20 73:14,22 75:22				returned 121:3,6
regularly 105:1				revealed 54:8
regulated 57:18				
regulation 53:25 86:16 103:3				

Revenue 81:9	route 30:4 43:13 49:6	school 80:5 109:24 110:3	self-interest 16:9	sessions 83:9,17 84:18 86:8 94:17 95:11,15,16 96:1
review 32:16 56:18 65:7 87:14 121:11	routine 36:13 97:5	schoolboard s 80:3	selling 36:10	setback 51:21
reviewing 63:12 87:10	routinely 94:18	score 32:18 35:3	semi-annual 2:18	setting 50:18
reviews 54:6	Rubbermaid 78:8	scrambled 43:14	seminar 2:8, 23 3:23 6:8,12 7:5	settings 19:14
revise 46:12	rule 44:11,22 89:15,21 94:2 103:17	scratch 24:5 26:3	Seminars 2:15	sever 23:13,16 24:11
revocation 73:14,22 75:23 76:1	rules 11:11,12, 15,24 12:2,16 14:20 42:13 61:23 79:20 91:22 92:24 93:15,16,17	screen 4:5,13, 21 32:9	send 3:15 4:1 32:8,19 33:22 43:10 50:10 63:8 64:1,3 117:14	sexual 73:9 75:9,25
RHP 79:14 103:15	run-through 37:13	screenshot 48:16	sender 43:16	sexually 73:6 75:23
RHPA 54:14 72:25 73:10 75:15 79:8,18, 19 101:1,14 102:13,14 103:1	running 39:8 84:24	script 61:6	sending 46:2 50:14 99:22	share 8:19 33:22 34:22,23 35:5,9,15 79:4 82:6 100:11,13
rich 7:12 15:16	<hr/> S <hr/>	scrutiny 16:19	senior 60:3	shared 35:13
Rick 57:1 59:10,22,25 60:13 98:18	sad 89:20	seal 81:23	sense 16:18 29:21,22 87:17 120:2,4,9,10	sharing 34:2, 7,8 35:15
Rick's 56:25	safe 27:13 80:15 121:9	sealed 47:20	sensitive 49:7 51:5	sheet 49:2
rights 15:24 38:13	safeguarding 48:18	sealing 20:12	separate 84:8	sheets 32:11, 19 34:15 35:3
risk 20:23 21:2 22:14 30:8 33:13 36:2 42:7 44:14,16 52:12 79:23 96:10 111:5 113:10 115:20,23	safeguards 49:1	search 98:2,4, 5,7 99:6 116:2,9	serve 98:21	She's 94:25
risks 16:11 23:2,8,17 30:12 42:7	salient 25:16	season 48:1	served 60:10 98:18 116:4	short-term 16:11
risky 54:12	sample 25:3	seat 80:12	serves 46:15 116:11,12	shots 32:9
robust 44:18	sat 17:13 32:23	sec 66:13	service 8:6 9:4 10:4 36:5,10 37:7 43:19 44:4 51:25 52:7 53:9 58:7 60:2 61:12 85:1,2 98:17 100:16 106:10	shouldn't 19:16 33:10,14 34:15 50:20,22 51:23 57:1 69:14 87:2 94:1 98:19 99:3,8 106:9
role 34:3	satisfied 45:10	seconds 16:23	services 13:16 34:5 40:20 42:16 51:10 58:18 59:5,7 83:19 86:9	show 81:22 117:3
room 5:1 31:4 62:23 64:8	save 123:10	secret 120:17 86:15	session 94:17 95:3,4,12,13,18 117:16,18,25	showed 110:9 112:17
rough 94:17 95:3,4,11,13,16, 18	says... 79:18	section 81:22 86:15		showing 99:4
roughly 2:21 11:9	scanning 35:3	sections 27:5		shown 112:9
	scenario 4:14 67:23 68:15,21 84:1 89:8 113:25 114:4	secure 42:9 51:25		shows 98:17
	schedules 40:18	security 33:3 42:3 48:14 77:16,18 120:24		sic 100:18,22
		self-governing 17:1		side 38:12

71:13 111:11 116:19,24	sixth 62:6	spate 32:4	spending 53:2	stayed 5:16
sign 5:8,9 64:1 100:16	skill 53:14	speak 17:23 27:20 41:16 51:6 63:19 65:18,19 78:25 80:20 81:7 82:24 97:4 103:4,6 104:18, 21	spitting 24:22	step 66:9,11 106:14
signature 47:21 70:7	skills 53:12		split 103:25	Stephanie 123:7,12
signed 98:5	skip 56:6 92:2		spoil 40:1	steps 48:19 114:16 115:25
significant 45:23 51:20	slogan 93:11, 22 94:3,6		spoken 101:9	stick 104:1
signing 40:16	small 3:2 23:16 31:4 48:15 90:10,11,16,23 91:3 120:22	speaker 31:6, 10,20,24 37:20 38:10,18,22,25 39:4,22 49:14, 22 58:15 66:14, 20,23 67:1 68:2 69:8,19 70:18 71:10,15 76:3 84:7,20 87:9 88:2,24 90:9 91:1 95:2,5,10 96:2,8,12,17,24 97:15 105:18 106:16 112:4, 10,15,22 113:8, 13,19,22 114:1 119:9,16 123:17	spouse 78:17 79:3,6	sticky 8:11,25 9:8,13,16,19 10:13 13:1 14:11 16:6 37:19 54:21 58:9 119:18
silence 62:10 73:25	Smith 57:4		staff 3:24 28:16 100:12,15 123:6	stimuli 33:9
silly 62:9	social 16:3 45:19 57:21		stakeholder 46:10	stole 80:14
similar 27:15 91:16 107:18	society 15:13		stakeholders 46:12	stolen 92:13
similarly 44:18 102:4	software 13:10 61:9,11, 17		stand 42:21 58:1	stop 39:3
simple 3:22 5:19 10:1 11:21 47:3 52:11 53:4	sole 34:7		standard 14:13 28:1 33:1 56:5 58:3 113:15	stopped 82:11
simpleminded 47:3	solely 67:7,8		standardized 24:10 28:2	storage 80:17 121:9
simpler 11:21	somebody's 17:25 21:20	speakers 7:15	standards 2:15 9:10 11:13 12:5 14:12,19, 23 21:5,6,13 27:20,21 28:9 34:12 41:15,16, 23 42:2 48:9,13 50:4 52:10 53:7 60:15	store 77:14 78:8
simplest 17:5	someone's 108:9	speaking 2:4 34:17 85:4	start 7:18 18:12 19:9 41:4 61:7 90:4,22 108:10, 13 110:18	stored 44:1 77:6 121:5
simply 4:11 10:2 20:1 32:18	son 118:4 120:14	speaks 25:7	started 46:13 53:20	stores 40:17 44:9
situation 11:25 19:9 24:7 27:7 39:24 46:20,25 47:4 63:16 67:14,16 72:3,20 73:17 74:20 84:25 85:9,10 91:21 100:25 103:16, 20 105:11 107:19 110:8 111:10 118:10, 24 119:10,13 122:6	sooner 4:18	special 66:2 88:14	State 60:11	storing 79:24
situations 12:6,15 35:13 39:20 47:7 67:13 71:7,8,9 81:24 89:18 111:10	sort 9:20 10:11 11:9 14:17 17:4 19:16 24:22 25:3,4,16 26:2 27:13,18 28:6 30:8,18 32:11, 21 37:13 39:22 45:15 47:9 50:18,19 67:11, 17 72:4 79:16, 21 82:4 84:17 89:21 93:1 109:16 119:3 120:17	specific 32:13 36:18	statement 25:16 26:23 75:16 114:20	story 27:17 84:10
	sorted 9:21	specifically 24:9 59:2 79:24 100:3	statutes 11:12 14:16 41:22	strategies 42:8
	sounds 40:15	spectrum 47:23	statutory 30:11	stressed 120:14
	space 32:7 100:12,25	speculate 84:9	stay 61:19 117:21	strictly 5:6 50:16 108:11 116:13
	span 16:15	speculating 83:8		stringent 57:16
		speculations 69:14		strong 32:15 72:16 88:3
		speech 72:4		strongly 59:8 106:2
		spend 51:16		

structured 58:19	suggests 85:8 104:24 114:10	suspending 46:16	tampering 42:12	terrible 27:1
struggle 40:8 49:23	suing 81:1,6	suspicion 108:22 118:9	tapes 94:17 95:10,14	territory 50:19
struggling 32:24 110:8	suitable 29:2	swamp 10:12	Tarasoff 114:13	test 12:15 13:5 24:4 28:3 33:4, 6,9,13,21 35:9 36:5 63:3 97:4,7
stuck 83:24 121:15	summarize 15:17	sway 23:12	tax 48:1,5	test-takers 33:14
students 89:12	summary 3:16	symposium 123:15	technical 48:24	tested 56:16
stuff 11:18 25:14 32:10 42:8 49:5,8 89:19 117:20 123:18	summons 94:14 96:20 97:16,24 98:15, 17 116:1,8,12, 25	system 40:17 44:9	Technically 109:2	testified 70:20
subject 33:16 79:3	supervise 52:25 53:6 57:18	systems 34:21 48:10	technique 55:4,12	testifying 87:11
submit 4:6	supervised 59:9	T	technology 4:4 6:13 13:14 51:12 59:14 62:20	testimony 6:13 7:7
subpoena 97:16,24	supervisee 108:21 109:3,9	T-BALL 48:6	telephone 51:6	tests 24:10 28:3 33:4,17 36:9,11,16 39:10
subpoenaed 70:19	supervising 53:11 58:3,6	T4s 48:6	telling 61:8 100:15	text 110:9,10 112:18
subscribe 32:5 46:15	supervision 13:23 52:23 53:13,15 54:20 58:2	table 101:23	tells 10:17 15:22 33:7 108:21 110:7 120:14	that's 12:4 14:16 16:20,21 18:4 21:1 23:5 24:4 25:8 26:1,4 27:16 28:14 32:7 37:12 38:8, 15 40:8 41:8 44:3 45:22 46:13 47:19 49:11 52:10 55:2,4,8,14 56:1,21 59:3,9 61:24 62:6,24 66:9 68:6,9 69:21 75:3,15, 17 76:16,17,18, 19 79:14 80:14 81:11 82:9 85:14,16,18,25 87:17 92:18 93:23 97:12 100:5 102:1,2, 23 105:7 106:13,20 108:8 115:7,18,22 117:22 119:18 120:3,5 122:4,7, 12,21
substandard 54:4	supervisor 102:15 108:18, 24 109:16	tables 5:3	ten 4:17,18	theft 79:23
substitute 75:2	support 21:13	tacky 94:1,2,3	tenant 114:22	
successfully 4:11,15 33:20	supporting 7:3	takes 74:22 103:19 111:3 117:8	term 9:16 51:13	
sucker 102:2	supposed 104:19	taking 37:7 48:19 78:2 85:5 123:5	terminate 72:22 73:20 74:8 76:11 83:18 86:9,21 102:16,18 104:5,6	
suddenly 121:19	surprise 98:19	talk 10:8 12:13 19:18 28:16 44:21 70:10 75:22 90:18 92:16	terminating 74:18	
sufficient 49:19	surprised 98:16,19 99:4,9	talked 30:10 59:2 63:4 87:3 102:24	termination 86:17	
suggest 32:16 37:2 65:3 73:15 80:17 97:13,15 112:20	survey 54:5	talking 9:1 18:13 37:22 43:23 48:19 55:15 61:9 74:2 77:12 78:6 84:13,14 90:22, 23 92:16 96:9 112:5 113:14	terms 9:9 48:13 55:21 61:8 69:22 70:3, 20 71:24 72:21 76:22 83:25 85:15 88:1 102:8 106:1 114:20 122:16	
suggested 82:22	surveys 123:11	talks 9:16,20 15:19 19:19 24:11 41:6 48:24 81:25 86:16,17 115:3		
suggesting 61:14 74:6 109:2	suspect 108:19 109:7,13			
suggestion 89:14	suspected 69:10 70:1 101:16 103:18			

therapeutic 51:22 55:13 119:22	52:7 61:11,12 62:23 76:15 78:10,22 83:24 95:19,20,22 98:22 103:16 104:6 106:10 109:25 113:13 115:12,15 117:11 122:14	third-party 58:4	told 4:17 82:20 91:20 98:24 109:16 112:9	19:5
therapist 108:7		thought 8:21 9:1 31:15,21 32:23 53:19 55:17	tomorrow 4:3 76:15 115:6	treated 18:19
therapist-client 119:5		thoughts 31:1 72:18 74:11,19	topic 25:15 83:25 86:5	treating 18:24 55:1,2 83:4
therapy 63:9 119:13	they've 3:9 15:6	threat 39:11 110:13	topics 60:6	treatment 20:25 21:22 73:4 83:9,19,21 84:11 85:17 110:18 117:7 118:3 120:7
there's 3:4, 10,11 5:3,4 8:13 10:7 12:22,23 14:3,13 15:8 20:3,8,10,12,23, 24 21:2,12 23:13 25:6 26:4, 16 27:10 28:19 30:22 31:3 37:11 38:1 42:13 43:21 44:3,10,12,13, 15,22 46:10,17 49:11 50:24 51:12 52:19 53:1 54:22 56:10 58:2 65:4 66:1,4 71:17 73:9 74:6 75:7 76:6 78:1,9,11 79:19,20 81:2 83:23 85:8,15, 21 86:20,21,22 88:10,24 89:3 92:19 94:2,11 97:9,17 99:16, 22 100:9 102:9 103:10 105:3,14 106:14 112:6 113:8 114:9,11, 19,24 115:1 116:16 117:5 118:1,4 121:18	thing 10:22 11:2 14:21 26:22 29:18 32:3 35:16 36:3 37:3 47:4 50:2 51:4 52:18 55:7, 9 61:18 65:6,25 67:4,5,10 68:2 70:1 71:18 72:5 74:13 75:19 76:6 78:13 79:22 82:4 89:21,23 90:3 91:13 93:24 95:15 103:4 114:9,11 120:17 122:20	threatened 19:6 110:10	Toronto 90:15,19 123:18	trial 82:18
	things 3:5 4:10 5:10 9:3,11 11:19 12:21,24 13:6 15:19 16:4, 9 17:5 20:19 21:16 24:2 27:10 30:12,13 31:2 34:18 35:22 37:23 41:17 42:17 44:16 54:16,19 60:24 63:4 66:7 67:11 81:23 86:17,18,19 89:8 90:1,6 93:1 97:23 98:4,15 103:21 106:8 111:15 116:10 117:3 123:9	threatening 83:16 86:7	Toronto-centric 90:13	trick 116:5,7
		threats 110:20	totally 107:23	tricky 8:14,17, 20 54:20 60:16 61:22 119:17,19
		threes 64:11	touchy 50:19	trigger 10:7 103:22 104:3,9, 10,11 113:6
		threshold 22:12 111:7 113:5,20	trade 50:15	triggered 103:23,24
		thrown 45:15	trail 28:8	triggers 102:20 104:4
		time 2:21 3:10, 14 8:4 17:7 18:20,21 29:4, 19 30:2 34:24 36:13,14 49:12 53:21 56:2,11 59:13 61:2,5 80:7,16 82:23 83:17 84:11 85:17 87:4,16, 21,22 90:24 98:12 106:12 116:15 117:19 119:21 120:18 123:5,9	trained 18:21 21:10	troubled 80:5,9 108:2
		timeframe 105:13	training 21:14	true 62:16 70:16 76:25 77:7,10 78:17, 18 79:11,19,25 80:1,2,23 85:24 86:10 87:7 88:13,16,17 92:1 93:13,14 94:18,20 99:14 101:1,19,20 103:12,16 104:16,19 106:24,25 108:7,8 109:1, 22,25 110:1,2 111:14,25 116:1,4,6 117:16 118:5,6, 7 119:2
		timelines 30:14,15 105:4	transcribe 36:24 95:19	trump 103:1
		times 5:7 6:5 16:16 17:22 35:10 36:21,22	transcript 4:23	trumps 14:22
		title 8:10,24	TRANSCRIPT IONIST'S 59:19	trunk 79:25 80:4,11,15
		titles 9:23	transferring 45:2	
		today 3:1 4:4 5:2 25:15	transfers 108:23	
			transmission 42:14	
			transmitted 44:2 45:20 112:7	
			transparent 45:12	
			transpires 108:11	
			trauma 51:20	
			trauma-related 18:25	
			traumatize	

trust 38:16 48:13	undertake 83:14	V	W	webinar 60:22
truth 77:10	unethical 65:5	valid 105:9	wait 115:8 118:9	webinars 109:24
truths 77:9	unhappy 97:1	validity 39:9	waiting 60:17	website 3:18 4:17 15:2
Tuesday 120:15	UNIDENTIFIED	valuable 41:17	walk 10:12 25:2	websites 94:9
tuned 5:17 61:19	D 31:6,10,20,24 37:20 38:10,18, 22,25 39:4,22 49:14,22 58:15 66:14,20,23 67:1 68:2 69:8, 19 70:18 71:10, 15 76:3 84:7,20 87:9 88:2,24 90:9 91:1 95:2, 5,10 96:2,8,12, 17,24 97:15 105:18 106:16 112:4,10,15,22 113:8,13,19,22 114:1 119:9,16	values 15:25	Wand 2:8,11, 12,14 3:22 6:8 7:5 60:14	weddings 89:19
turn 10:9 97:11 98:11 104:12,13 116:11		van 80:10,13 122:2	wanted 15:18 31:16 78:7 100:1 105:19	week 82:10 105:10
type 38:7		variant 97:16	wanting 38:14 86:1	weeks 91:20
typed 95:23		variety 60:6 83:23	warn 73:13,22 110:14 111:4 113:7 114:9,10, 12,14	weight 70:7
types 84:11		vehicle 106:24	warrant 97:25 98:1,4,6 106:23 116:2,9,10	well-being 84:9
typical 51:14		vehicles 97:22	warranted 31:25	wellbeing 16:1 83:9 86:22
U		vendor 41:20 42:22 48:23	warnings 23:8 32:16 116:6	weren't 2:20 20:17 53:20 90:17 119:11
ultimately 35:25 45:4 56:4, 18	University 80:9	vendors 40:12 41:1,17 43:23	warrant 97:25 98:1,4,6 106:23 116:2,9,10	Western 34:5
unattended 47:17	unlocked 47:10	venue 6:10	warrant 97:25 98:1,4,6 106:23 116:2,9,10	we'd 12:25 51:6
unauthorized 44:5 50:22 52:14	unnecessary 19:2 66:9,11 68:10 107:24	verbal 99:18	warranted 31:25	we'll 4:23 12:7 19:18 46:23 48:12 59:16 63:4 92:2 105:15,16 106:18 120:19, 20
uncertainty 10:8,9	unpaid 42:17	verified 35:14	warrants 98:2 99:6	we're 2:3 3:6 5:6 6:11,18 7:14 9:11 10:18,19 11:20 12:13 14:8 24:23 25:2 27:10 30:21 48:10 57:23,25 59:12 70:3 73:16 74:2 92:25 112:5 114:4
uncomfortable 82:13	unreasonable 30:15	veto 117:11	wasn't 17:18 26:10,20,21 27:17 31:25 82:21 96:2	we've 3:8,9,13 13:7 14:8 26:17 30:10 43:3,22 57:13 106:17
undefined 20:24	unscrambled 43:14	victim 113:17	watch 32:6 34:7 99:9	whatnot 39:13
understand 31:13 40:25 49:4,8 122:9,21 123:12	unsealed 47:17	video 51:25 123:22	watched 17:16	whatsoever 79:20 112:15
understanding 41:11 49:20 96:14	unsolicited 78:19 79:1	view 50:4 92:9	watching 3:3 5:12 60:21 63:2	
understandings 56:14	unsure 111:12	viewed 43:8	water 5:2,5 57:10 77:25	
understands 63:21,24 68:14 121:8	unusual 18:17	viewing 62:21	waterproof 77:7,22	
	updates 46:21	violating 36:2	ways 6:17 7:5 57:6	
	upheld 69:15	violence 82:19	webcast 3:6 123:19	
	upset 93:7 107:11	violent 86:24		
	URL 49:1	voluntary 85:5,6		
	USB 91:25	vote 74:5 101:21		
		vulnerable 21:20 51:15,18		

<p>what's 15:25 17:5,12 22:1 30:19 32:6 38:3 55:4,17,18,20 68:15 80:16 89:9,16 91:4 104:20 111:14 122:11</p> <p>whoever's 5:22</p> <p>who's 11:3 35:6 36:10 40:2 41:24 58:7 71:24 74:6 105:22 110:20</p> <p>who've 43:23</p> <p>Wi-fi 5:1</p> <p>wife 118:18 120:12</p> <p>William 6:21</p> <p>window 56:9</p> <p>WISCS 39:13</p> <p>wisely 15:22</p> <p>wishes 63:25</p> <p>wondering 66:14 69:10 110:14</p> <p>won't 4:14 10:9 13:20 14:6 38:2 39:2,3 41:2 43:15 58:12 85:7 89:14</p> <p>word 11:12 55:22 57:9 67:17 118:2,4</p> <p>wording 96:21</p> <p>words 16:20 28:24 34:8 54:23 100:6</p> <p>work 3:10 19:11,13 24:8, 17 26:24 44:24 45:9 51:13 55:9 58:12 61:13 74:23 75:13,14 80:3 87:2 93:21 101:6 102:12 109:18 122:1</p>	<p>worked 8:5 59:25</p> <p>workers 57:22</p> <p>working 19:14 51:15,16 57:4, 15 61:10 104:7 122:8</p> <p>works 17:25 43:5 58:10 76:19</p> <p>worried 18:25 19:3</p> <p>worry 17:9 90:7 91:14 109:17</p> <p>Worst 4:14</p> <p>worth 9:1 16:23 87:25</p> <p>wouldn't 18:17 48:3 75:11 76:13 84:13</p> <p>Wow 122:23</p> <p>write 67:23 70:14 84:17,21 87:15,22</p> <p>writing 29:16, 17 69:9,14 99:14,17,18,22 121:10 122:11</p> <p>written 23:8,20 34:6 73:2 99:25 100:4,6,8 101:9 109:5</p> <p>wrong 11:2 17:24,25 31:15 47:19 62:4 84:25 85:15 86:11 97:10</p> <p>wrote 117:20</p> <hr/> <p style="text-align: center;">Y</p> <hr/> <p>year 2:21 6:13 11:7 40:11 61:2, 20 67:20,21 105:6</p>	<p>years 17:15 18:19 51:15 59:25 63:7 67:2 77:20 80:7 82:10 83:11 84:15,19 85:14, 16</p> <p>year's 105:15</p> <p>yelling 109:25</p> <p>yes/no/you 37:15</p> <p>York 51:16</p> <p>young 118:16</p> <p>you'd 51:7 95:14 121:20</p> <p>you'll 16:24 19:14 20:5 21:15 30:4 36:15 40:24 43:6 85:6</p> <p>you're 5:21 7:13 16:5,21,22 19:14 20:4,7,8, 12 21:7 22:19 23:7,14,20 25:22 27:12 37:5 38:13 42:3, 18 45:6 46:4,8 47:7,23 50:5,11 52:9 53:2,11,13 55:15 57:4,7 58:6 61:15,16 63:14 67:22 74:18 76:5,9,10, 11 77:2 78:13 84:14,16,19 87:11,12,13 88:7,21 89:5 91:5,17 96:7,15, 19 98:18 101:1 102:15 103:6,13 105:11 108:9 112:10 116:20 119:7 120:21,25 121:14,19 122:8</p> <p>you've 5:16 17:25 25:25 33:17 34:7 38:16,19 60:16 74:16 85:2 89:24,25 90:4</p>	<p>98:18 103:21 120:1 121:13</p>
---	--	---	---