



Yukon  
Ombudsman



Yukon  
Information  
and Privacy  
Commissioner



Yukon  
Public Interest  
Disclosure  
Commissioner

# 2025 ANNUAL REPORT



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All of our services are free and confidential.  
We welcome your feedback on our annual report.

## Land acknowledgement

Our office is located on the Traditional Territories of the Kwanlin Dün First Nation and Ta'an Kwäch'än Council. We support public organizations and the people they serve who may visit, work, and live in one of the 14 Yukon First Nations' Traditional Territories.

## Contact us

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## Message from Jason Pedlar, Yukon Ombudsman, Information and Privacy Commissioner, and Public Interest Disclosure Commissioner

It is my great pleasure to present this annual report for 2025, a year where our team handled almost twice as many Ombudsman complaints, twice as many compliance files under the *Health Information Privacy and Management Act*, and four times as many *Public Interest Disclosure of Wrongdoing Act* files compared to the year before. This is no surprise, given the 79% increase over the past four years in our workload supporting both the public and the organizations that serve them.

We are growing and adapting to these demands by improving our services and better communicating with public organizations and those they serve — the public. We informally resolved 95% of complaints rather than escalating to formal investigations, which take more time and resources.

More public organizations are requesting our advice and support to ensure they are complying with the Acts. This year alone, we saw twice as many reports of privacy breaches, a 67% increase in requests for advice, and a threefold increase in privacy impact assessments (PIA). A special shout out goes to the Government of Yukon's Health and Social Services for their thorough PIA submissions to our office. These lengthy submissions take time to review, and we plan on completing these reviews in the coming year. We appreciate their patience and trust in this process. You can read more about this in the [Message from Tara Martin, Deputy Ombudsman, Information and Privacy Commissioner, and Public Interest Disclosure Commissioner](#).

## Our priorities

Over the past year, we have made significant progress on the priorities I identified for my five-year term. Operations, governance, outreach and education, and Truth and Reconciliation will continue to be a focus for the next two years.

**Operations** — standardizing our processes and improving our service standards greatly benefit those we serve.

### Timelines

While we continue to meet our timelines, due to operational changes, we will be recommending lengthening our statutory deadline under the *Access to Information and Protection of Privacy Act* (ATIPPA) to ensure we are able to provide resources across all our mandates. When the most recent ATIPPA came into force in 2021, it reduced our deadline to informally resolve complaints by 30 days, which forces our team to prioritize these files over other mandates.

**Governance** — meeting our obligations under each of our mandates.

### Act modernization

Most of our Acts are currently under review or require modernization to ensure they meet the needs of those they serve. We have started preparing our comments and recommendations for the upcoming reviews of the *Access to Information and Protection of Privacy Act* (ATIPPA) and the *Health Information Privacy and Management Act* (HIPMA). While the *Ombudsman Act* is not currently under review, I am hopeful that the newly established Members' Services Board will modernize the Act to meet the needs of the public based on the [special report](#) we issued in 2023.

## Codes of conduct and procedures

This year, we developed and implemented a [public code of conduct](#) to ensure the safety of our staff and those we serve. Setting expectations in this manner helps promote a work environment where everyone feels safe, welcome, and respected.

New codes of procedure will clarify our processes and procedures under each of our mandates to provide guidance to both the public and public bodies of what they can expect when interacting with our office.

## Outreach and communications

We want our services to be known throughout the territory and to provide effective advice and support. Some of the Acts that govern our work require us to provide education and/or advice to the public and the public organizations bound by these laws.

Our accomplishments in this area are as follows:

### Communications and Outreach Strategy

This strategy identifies audiences we want to reach in the next two years, including members of the public and the public organizations that serve them. We want to proactively engage with public organizations so they understand their responsibilities and how we can support them in meeting these obligations. Prevention is key and we intend to focus on health custodians — keepers of the some of the most sensitive personal information. We also want to connect with the public so they understand how these Acts can protect them. We will focus on Yukon communities, First Nations citizens, Yukon University students, and non-governmental organizations (NGOs) whose clients may need our services.

In November, we visited Dawson City, where we met with Yukon government employees, custodians, NGOs, the mayor and several council members, and the Tr'ondëk Hwëch'in Hahke and council. Over the past year, we also met with the Yukon Medical Association, other health custodians, Yukon First Nations governments, and various non-governmental organizations.

Our outreach efforts are showing up online with 63% more followers on social media. You can now find us on [LinkedIn](#), Facebook ([OMB/IPC](#)), and we replaced our X account with a [BlueSky](#) account earlier in the year.

Over the next year, I intend to provide information sessions to health custodians to better educate them on their obligations, visit another Yukon community, launch a campaign with NGOs who work with the populations we aim to reach, and further develop our communications strategy to better reach Yukon First Nations citizens.

### New website

In September, we launched our new website, [YukonAccountability.ca](#). We addressed the challenge of communicating three different and unique mandates with this new domain and email addresses. Our improved site streamlines the user's experience, making it easier for them to find what they need — and they are doing just that, as reflected in the strong traffic to our reports, news, and resource pages. Promotion of our new website resulted in a presentation to the Yukon Federation of Labour and other requests from custodians.

## Truth, Reconciliation, and Indigenization

We have committed to an ongoing journey towards Truth and Reconciliation — one rooted in listening, learning, and acknowledging the impacts of our past so we can move forward honouring different ways of knowing, doing, and being. We strive to build respectful relationships and take meaningful actions that support understanding, accountability, and Truth and Reconciliation in our work and community.

Our staff participated in two workshops provided by local First Nation trainers: Reconciliation in Action and Working Effectively with Yukon First Nations. We also attended Reflecting on the TRC (Truth and Reconciliation Commission)'s Calls to Action 10 Years Later on the National Day for Truth and Reconciliation, a webinar hosted by the National Centre for Truth and Reconciliation.

In addition to mandatory staff completion of [Yukon First Nations 101](#) with Yukon University, we will also develop a Truth, Reconciliation, and Indigenization Plan for our office in 2026.

This year we met with the Tr'ondëk Hwëch'in First Nation in Dawson City, employees of Council of Yukon First Nations (CYFN) health department, and have been invited to present at the next CYFN health commission meeting in the new year. We will continue to look for opportunities to build relationships with Yukon First Nations (YFN) and share how we can support YFN governments and their citizens.

# Transparency and accountability of government

Each of my mandates is intended to ensure accountability and transparency of the public organizations we oversee. However, for this oversight to be effective, the legislation should include the following key features:

- A clear purpose that guides and holds accountable those subject to the Act. Much like a value statement, these are the principles they must strive to achieve.
- A defined structure of oversight that clearly provides the necessary and independent authority to monitor compliance with the Acts. This includes an independent budgeting process, broad investigation authority including summoning witnesses and compelling documents, and sufficient offence provisions to respond to matters of repeated non-compliance.

Various situations threaten not only our independence, but our authority to perform the work and meet the purposes of our Acts. This includes:

## Rejected recommendations

Upon completion of an ATIPPA or HIPMA investigation, we have the authority to provide recommendations; however, they are not binding. The public body or custodian can decide whether to accept them or not. It is then left up to the complainant to appeal their rejection of our recommendations to the Yukon Supreme Court. This is rarely done due to the burden, financial and otherwise, that is placed on the complainant. Putting the onus on the complainant allows public bodies or custodians to reject our recommendations with no repercussions — something that the former commissioner and I have frequently experienced and reported on. This year, public bodies rejected half of our recommendations. You can read about the [2023 VIN Audit investigation](#) where a complainant appealed to the Yukon Supreme Court.

## Delays and legal barriers

The Department of Justice (DOJ) continues to challenge our statutory authority resulting in long delays, barriers to conducting our investigations, and tens of thousands of dollars in legal expenses. They have refused to provide records that we have the authority to compel, because the Department states the

records are not [relevant to our investigation](#), something we have seen before in a previous [court case](#). They have also insisted that DOJ lawyers be present during interviews with their employees, despite the clear conflict of interest.

In last year's [annual report](#), I spoke of two separate circumstances where it became necessary to seek clarification from the courts on the interpretation of two of our Acts; one regarding the budgetary independence outlined in the *Ombudsman Act* and the other in enforcing our authority to compel records as part of an investigation. Updates to both are included below.

## Challenging our authority to summon witnesses

The Department of Justice refused to allow their employees to be interviewed for an ATIPPA investigation we launched in July 2025. For context, we opened this own motion investigation after an individual at the Whitehorse Correctional Centre reached out to us regarding concerns with the processing of their access request, including repeatedly receiving conflicting information. The Information and Privacy Commissioner (IPC) has the same power as the court to summon a person to appear, to compel a person to give oral or written testimony under oath, and to order a person to produce information held by a public body.

The Public Body filed two petitions with the Supreme Court of Yukon seeking to quash our summonses to interview employees. This litigation continues to delay our investigation and subsequent report. The Public Body argued that employee interviews were unnecessary because the witnesses provided affidavits affirming they had no additional information to provide to the IPC. The Department of Justice argues that it is unnecessary for government employees to comply with the summons and that, if the IPC took action to enforce the lawfully issued summonses, this would be vexatious and an abuse of process.

One of the main purposes of ATIPPA under 6 (f) is to provide the commissioner with powers to monitor a public body's compliance with the Act. Blocking us from conducting interviews interferes with the IPC's ability to ensure compliance with the Act.

You can read more about our efforts to hold the Department of Justice accountable in the [IPC section](#) of this report.

## Budgetary independence

In January, we went before the Yukon Supreme Court, along with the Yukon Child and Youth Advocate, because our approved budgets were lowered by the

Management Board Secretariat (MB). I raised concerns over this contravention of the *Ombudsman Act* and the threatened independence of our budgeting process. The Yukon government disagreed with our position/interpretation.

We challenged whether the Yukon Government Executive Branch's MB had the power to review and make changes to our budget. It is our position that the *Ombudsman Act* clearly grants the Members' Services Board (MSB) — an all-party committee of the Legislative Assembly — exclusive authority to review and recommend our budget.

In March, [Madam Justice Campbell confirmed](#) that the *Ombudsman Act* indicates that only the MSB has the power to review the Legislative Officers' budgets and that the role of the finance minister is purely procedural in recommending those budgets to the Legislative Assembly.

However, she found that the powers of the Minister/Management Board under the *Financial Administration Act* (FAA) clearly conflict with the powers of the MSB under the *Ombudsman Act* in respect of the budget process, so the FAA is paramount in this respect. She then suggested that it is her "strong recommendation that the *Ombudsman Act*, the *Child and Youth Advocate Act* (CYAA), and the *Elections Act* be amended to include express language to the effect that the budgetary process outlined in those Acts apply despite the FAA."

Although she dismissed our petition, she took the view that the Legislature clearly intended to protect the Legislative Officers' independence from the Executive Branch by outlining a distinct budgetary approval process in the *Ombudsman Act*, the *Child and Youth Advocate Act*, and the *Elections Act*. In her view, referral of our budget estimates to the Minister of Finance is strictly procedural and does not give authority to the Management Board to review or modify the MSB's recommendations.

I wrote to the MSB and all-party leaders shortly after receiving Justice Campbell's decision:

"As independent Legislative Officers, we hold strong that any decisions directly affecting or influencing our operations, including the budgetary approval process, must be left to the Legislative Assembly as was intended.

Therefore, we respectfully ask that you immediately consider amending *Ombudsman Act* section 9, CYAA section 22, and *Elections Act* section 16 to include a paramountcy provision over the FAA or an FAA exclusion in respect of main estimates, supplementary estimates, interim supply funding, and special warrants.

These amendments would fix firmly in law that our offices remain independent of the government and establish our independent budgetary process as intended by the Legislature. They would also have the immediate and fundamental effect of enabling us to continue to meet our oversight mandates without fear of reprisal or uncertainty."

The MSB deferred any decision until the next MSB after the coming territorial election. The second and third party supported our proposed change; however, were unwilling or unable to introduce amendments in the spring session of the Legislative Assembly.

This issue was covered by the [International Ombudsman Institute](#), which has a membership of 200 institution members in 100 countries worldwide. Budgetary independence is an international standard that ensures that public rights are upheld and protected from government interference.

## New government — new opportunities for accountability

In December, I attended the opening of the 36th Yukon Legislative Assembly to hear the new government's [throne speech](#). Considering the challenges I mentioned previously, I am encouraged by the following sentiments as they align with the spirit of our work.

"Sound governance is at the heart of good government. When accountability, transparency, and responsiveness wane, trust in our public institutions declines to the great detriment of our democracy. A government that cannot engender trust cannot truly lead. The government is committed to restoring trust in how decisions are made and ensuring government works for all Yukoners. Building trust begins with building more respectful, more collaborative relationships," Yukon Commissioner, Adeline Webber.

The government also spoke of values that included acknowledging and addressing when mistakes are made, collaborating with stakeholders, and continuous improvement.

This is welcome news and I am encouraged to hear of these priorities that align with my mandates. Each of my governing Acts are intended to provide oversight and to support good governance and accountability of public institutions or those entrusted with our most sensitive of information. I hope that the new government

will recognize and support our vital role in achieving their priorities.

In 2026, I will contact each Member of the Legislative Assembly (MLA) to explain the purposes and principles of our Acts and share how we can support them in their important role representing Yukoners.

## Training and conferences

In addition to our mandatory Yukon First Nations' training mentioned previously, we regularly attend online and in-person training to stay up to date on best practices and trends. In 2025, we participated in the Canadian Council of Parliamentary Ombudsman's monthly lunch and learns and the Federal, Provincial, and Territorial IPC's Annual Investigator Conference. Our Deputy Ombudsman/Commissioner completed the Osgoode Certificate in Privacy and Cybersecurity Law and attended the IAPP Privacy Symposium with a member of our Formal Investigation team. Throughout the year, some of our staff were trained in cultural safety, trauma-informed care, and attended the Blanket Exercise — an experiential session that covers the relationship between Indigenous and non-Indigenous Canadians over the past 500 years.

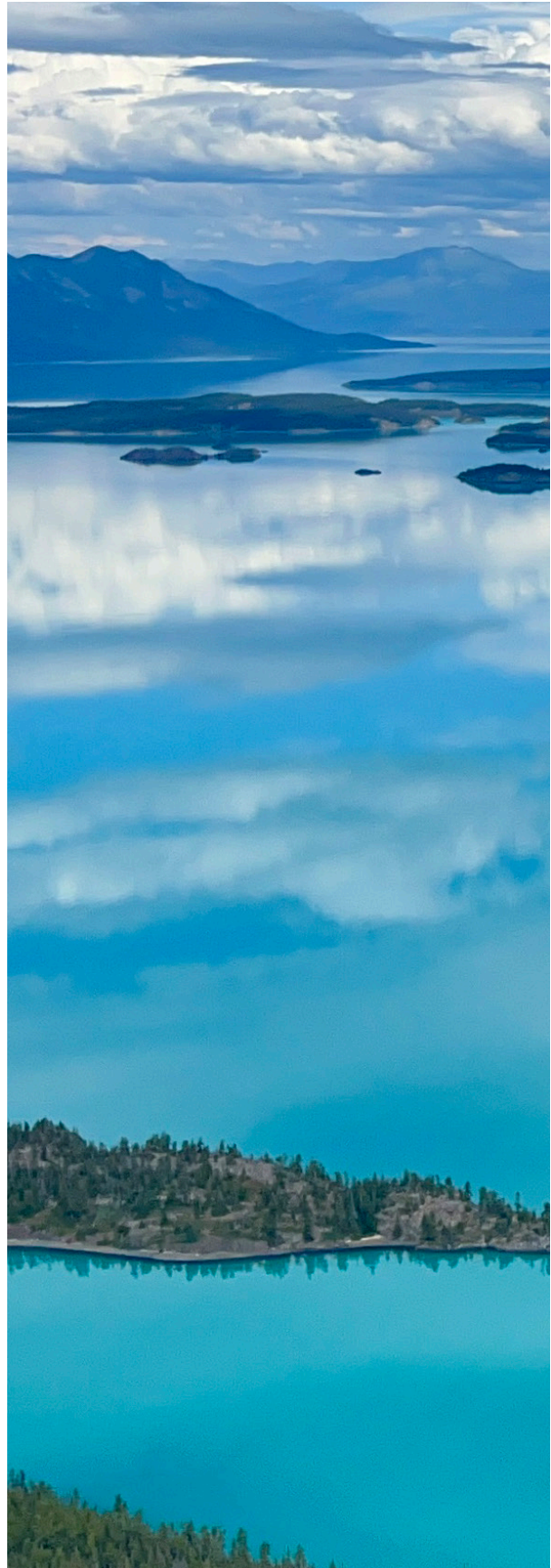
I also attend annual national meetings for each mandate with colleagues from across the country.

Sincerely,



**Jason Pedlar**

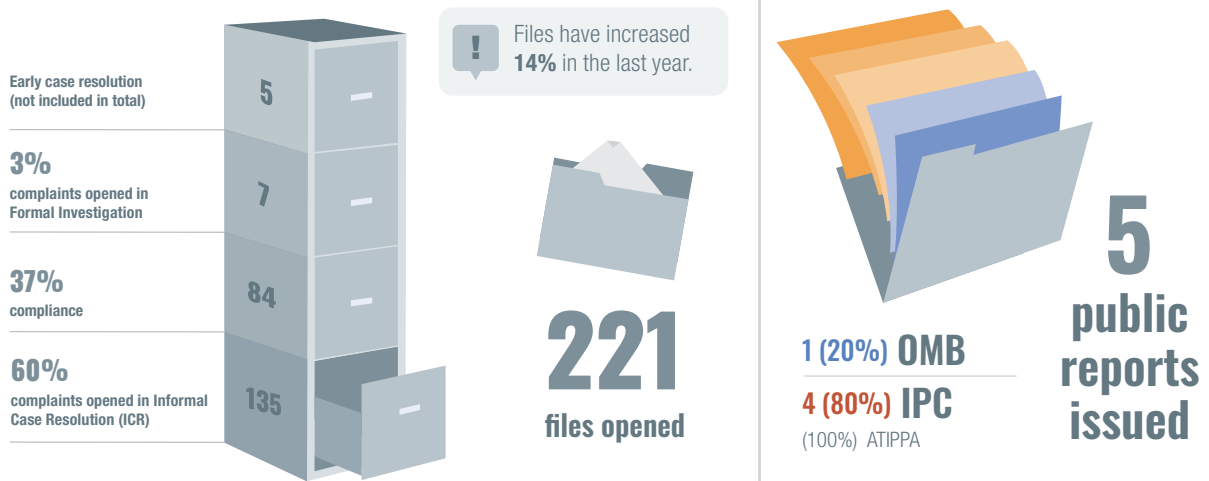
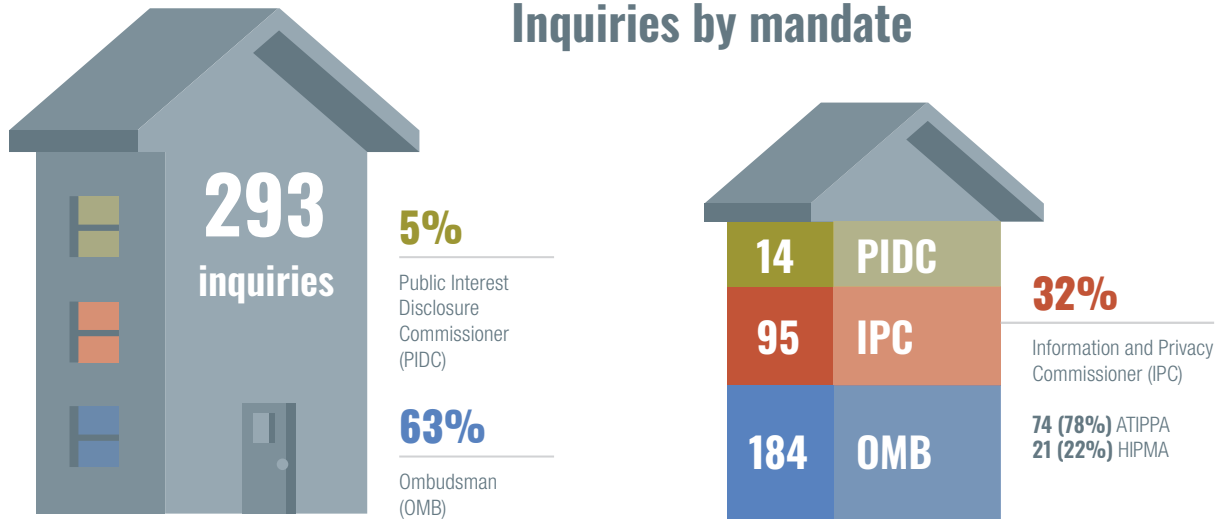
Yukon Ombudsman, Information and Privacy  
Commissioner, and Public Interest Disclosure  
Commissioner



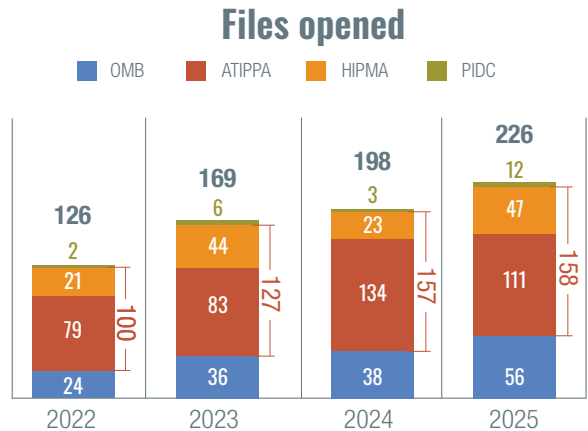
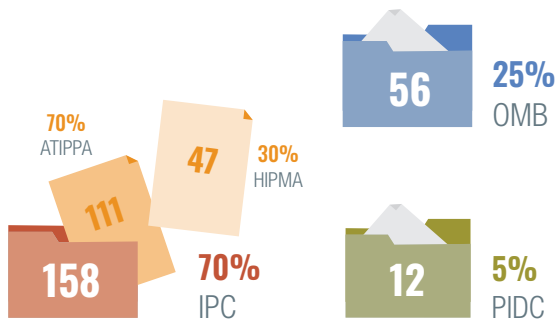
# Stats at a glance 2025

## All three mandates

### Inquiries by mandate



### Files opened by mandate



Files have increased **79%** in the last four years.



## Message from Tara Martin, Deputy Ombudsman, Information and Privacy Commissioner, and Public Interest Disclosure Commissioner

### Operations for 2025

Our Informal Case Resolution team successfully resolved 95% of complaints this year with only a handful of files escalating to Formal Investigation. We resolve files informally by working collaboratively with public organizations, which benefits both parties. This continues to be one of our strengths and helps us prevent a backlog of files and lengthy wait times.

In addition to resolving more complaints informally, our team was busy with an increased caseload. Our files increased by 17% — with almost double the amount of Ombudsman complaints, 38% more Information and Privacy Commissioner (IPC) compliance files, and almost four times the number of Public Interest Disclosure Commissioner (PIDC) files. Overall, our files are up 79% since 2022. These numbers are highlighted in our stats at a glance page for all three mandates.

One of the largest increases we saw was in HIPMA compliance files, which doubled over the last year. We received four times more HIPMA privacy impact assessments (PIA), all from the Department of Health and Social Services (HSS). Many PIAs require technical expertise and are hundreds of pages long, which is time-consuming to review. We would like to note that HSS made notable efforts to provide our office with complete PIAs that include supporting documentation — such as security threat risk assessments (STRA), previous versions of the PIA, and applicable policies and procedures. While this additional documentation means the PIAs are longer and take more time to review, it reduces time spent going back and forth to get the information we need. On this note, we are carrying over more PIAs to 2026 than last year, but we no longer have a hefty backlog like in previous years.

Our office has experienced an increase in unreasonable conduct from complainants. This behaviour includes inundating staff with unreasonable requests and demands, rejecting our conclusions with no justification, and verbal abuse in some cases. To help manage expectations for complainants and staff, we developed and implemented [a public code of conduct](#) that outlines standards of behaviours. Sometimes complainants and/or public bodies are not fully satisfied with the outcome of an investigation. Therefore, we strive to provide sufficient rationale so that the parties can understand and accept our conclusions.

### Staffing

Our Legal Counsel and Investigator, Rick Smith, announced his retirement for spring of 2026. Rick has been with the office for 10 years and brings a breadth of institutional knowledge about government and the Yukon legal framework that cannot be overstated. We'd like to thank Rick for his dedication, work ethic, and wisdom over the years. He will be sorely missed. In anticipation of Rick's departure, we revamped his job description and successfully recruited Amy Steele for the new role of Investigations Manager and Legal Counsel.

We also take this opportunity to recognize our staff's hard work, professionalism, dedication, and passion. It's their commitment that allows our small office to serve Yukoners with expertise and compassion under the pressure of large mandates. This compassion also shines through with donations our staff have made throughout the year to many Yukon charities. It is a pleasure to work with this team.

Sincerely,

A handwritten signature in black ink that reads "Tara Martin".

### Tara Martin

Deputy Ombudsman, Information and Privacy Commissioner, and Public Interest Disclosure Commissioner



Photo: Jason Pechlar

## Financial report for all three mandates

	2025-2026	2024-2025	2023-2024	2022-2023	2021-2022
Personnel (all mandates)	\$1,689,199	\$1,403,700	\$1,243,900	\$1,204,000	\$1,135,800
Capital (all mandates)	\$10,000	\$32,000	\$3,000	\$3,000	\$5,000
Operating expenses for Ombudsman	\$158,900	\$164,000	\$148,000	\$148,000	\$145,400
Operating expenses for Information and Privacy Commissioner	\$153,200	\$173,400	\$161,500	\$161,000	\$156,400
Operating expenses for Public Interest Disclosure Commissioner	\$89,800	\$56,900	\$52,600	\$53,000	\$98,400
<b>Total</b>	<b>\$2,091,000</b>	<b>\$1,830,000</b>	<b>\$1,609,000</b>	<b>\$1,569,000</b>	<b>\$1,541,000</b>

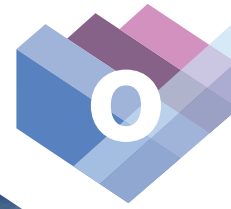


Photo: Jason Pedlar

# 2025 Annual Report of the Yukon Ombudsman

The Honourable Yvonne Clarke  
Speaker, Yukon Legislative Assembly

Dear Madam Speaker:

I am pleased to submit the 2025 Annual Report of the Yukon Ombudsman and share this with the public, as required by section 31 of the *Ombudsman Act*.

Kind regards,

Jason Pedlar, Yukon Ombudsman

# Promoting and protecting fairness in the delivery of public services

The Yukon Ombudsman promotes fairness in public organizations by investigating complaints and supporting public organizations with resources and recommendations. They are an Officer of the Legislative Assembly and independent of government and political parties. The Ombudsman is neither an advocate for a complainant nor a defender of government actions.

The Ombudsman can identify whether one has been treated fairly and make recommendations to effect change if there has been an unfairness. This will benefit the individual and others in a similar situation, as well as the authorities and citizens of the Yukon generally.

## Message from Ombudsman Jason Pedlar

Our work helps ensure fairness in publicly provided programs and services. We were even busier this year, which may be a result of our outreach efforts. Ombudsman files are up 47% and they have almost tripled within the last five years. You can see these numbers in our stats at a glance that follow.

Not all inquiries or complaints result in an investigation, often because the complainant has come to us too early (we are an office of last resort) or because we do not have jurisdiction over a particular matter. These circumstances led to 56% of complaints being refused for investigation.

Of the complaints we investigated, 47% of complaints were substantiated or partially substantiated this year. This shows that not all our investigations found an authority to be unfair. Sometimes we find that an authority has acted fairly and that a complaint is unsubstantiated. This is equally as important as finding unfairness — it confirms that, on a particular matter, the authority is acting appropriately and providing good governance.

I would like to thank those authorities that see our investigations as opportunities for improvement or confirmation that they are serving Yukoners fairly. They quickly return our calls, provide documentation at our request, and meet with us to discuss matters in a timely fashion. This makes everyone's job easier, and at the end of the day benefits Yukoners, which is what we should all be trying to achieve. In the stories below and throughout this report, you'll see examples where an authority has accepted our recommendations and taken ownership of the issue. Our role as an independent investigator is not to side or advocate with a complainant or the authority, but to shine light on where improvements can be made.

## Ombudsman autonomy and independence — international principles adopted in Canada

Over the past many years, we have experienced several challenges to our authority and independence including the budgeting process, the refusal to provide documents as part of an investigation, and most recently — although under another mandate — to our authority to summons witnesses as part of an investigation. These challenges highlight the importance of the key principles of autonomy and independence in all of the work that we do, as recently reaffirmed by Canadian Council of Parliamentary Ombudsman (CCPO) in their [Key Principles Towards Ensuring Effective Parliamentary Ombudsman Institutions in Canada](#). These principles are based on the international principles established under two key documents: the European Commission's [Principles on the Protection and Promotion of](#)

the Ombudsman Institution and the United Nations General Assembly's Resolution on the Role of the Ombudsman and Mediator Institutions in the Promotion and Protection of Human Rights, Good Governance and the Rule of Law.

As our independence and autonomy continues to be challenged in the Yukon, I have no choice but to seek clarification and resolution from the courts. This involves incurring unnecessary legal expenses and delays in fulfilling our mandates. It undermines our authority and is not in the public interest, does not demonstrate transparency, and does not promote trust from those we serve. It is our hope that the Yukon's *Ombudsman Act* is modernized to support these international standards and protect the rights of the public. I therefore ask the Legislative Assembly to consider, who is the one being vexatious and abusing the process?

Jason Pedlar  
Yukon Ombudsman

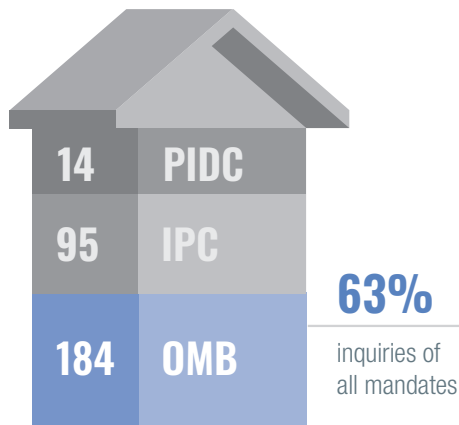
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In the following pages, you can find statistics and more information about the type of complaints we handled this year.



# Stats at a glance 2025 Ombudsman

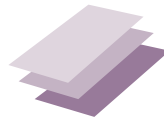
Find more Ombudsman statistics at the end of this section.



## Inquiries



**42%**  
about our mandate



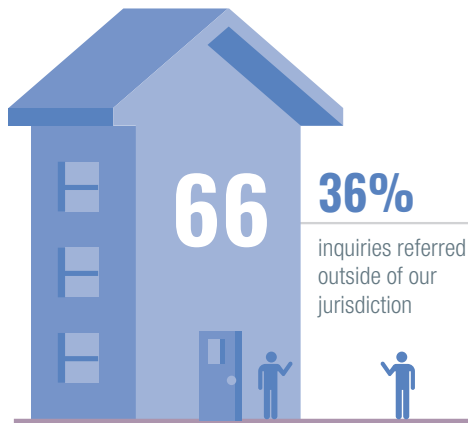
**13%**  
pending complaint



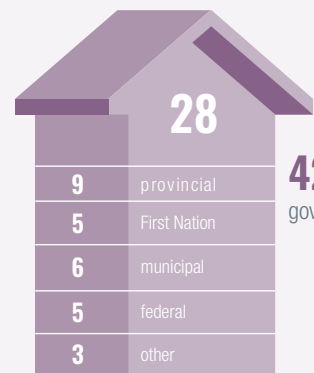
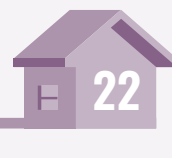
**6**

**Early Case Resolutions**

## Referrals



## Top 3 referrals



**!** We referred **82%** of our non-jurisdictional files to one of these 3 categories.

## Complaint files opened



**51 (91%)**  
Informal Case Resolution

**4 (7%)**  
Formal Investigation

**0**  
compliance

**1 (2%)**  
requests

**!**  
File number increased by **47%** in the last year.

## Complaint files closed



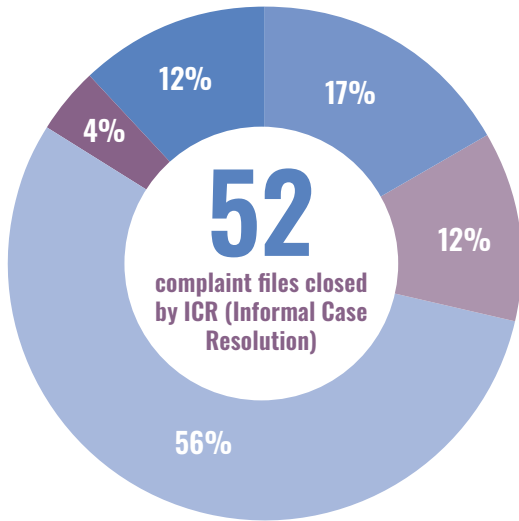
**52 (95%)**  
Informal Case Resolution

**2 (4%)**  
Formal Investigation

**0**  
compliance

**1 (2%)**  
requests

# Stats at a glance 2025 Ombudsman



! 47% of complaints were substantiated or partially substantiated.

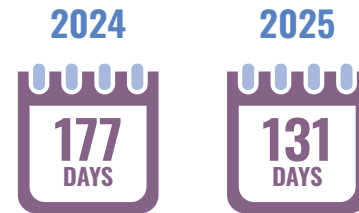
## Determination

- 6** (12%) **substantiated**  
We agreed with complainant that there was unfairness or non-compliance that needed to be addressed.
- 2** (4%) **partially substantiated**  
We agreed with the complainant on some matters, but not everything.
- 9** (17%) **unsubstantiated**  
We did not find evidence of unfairness or non-compliance.
- 6** (12%) **N/A**  
We were unable to make a determination about the complaint. This might include complaints that were withdrawn during the investigation process, or upon closer examination of an issue, we declined to investigate further.
- 29** (56%) **refusal to investigate**

! **Four** complaints were escalated to Formal Investigation.



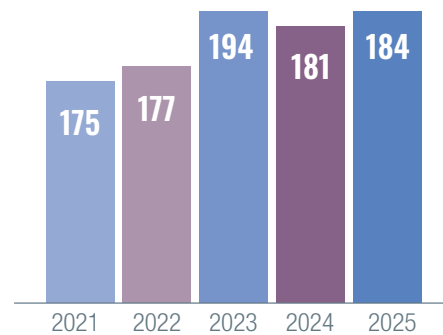
our service standard



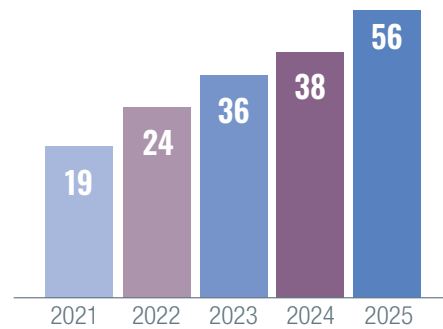
ICR average handling time

! We were **26%** quicker.

## Inquiries



## Complaint files opened



! File numbers have almost **tripled** in the last five years!

# Your stories - Informal Case Resolution

Depositphotos

## Improved reporting process for drinking water concerns

Authority: Health and Social Services  
Complaint type: fair process

### **Complaint:**

An individual was concerned about the potable water at a remote industrial camp and alleged that the Authority's Environmental Health Services Branch (EHS) did not appropriately investigate. They felt it was unfair that the Authority had not adequately communicated with them, as they were not given an opportunity to discuss the matter or share their evidence.

### **Investigation:**

Upon learning about the complaint to our office, the Authority connected with our investigator to discuss the matter. The Authority proactively apologized to the Complainant and offered to work with them on addressing the issue. It also conducted its own investigation and identified improvements to its policies and procedures for handling future inquiries or concerns from the public.

### **Decision: unfairness substantiated**

The Authority's lack of response to the water quality concern was unfair. We agreed with the Authority's conclusion that it did not have a clear process for receiving, documenting, and following up on public reports about potable water issues.

### **Recommendations: accepted**

The Authority committed to developing a clear process that incorporates specific fairness standards outlined in the [Fairness by Design, an Administrative Fairness Assessment Guide \(2022\)](#). Our investigator commended the Authority for its exemplary collaboration in resolving this complaint.



## Appeals gone with the wind

Authority: Department of Education  
Complaint type: fair process

### **Complaint:**

A parent complained to our office that the Authority had mishandled their child's out-of-area school transfer request and appeal. They claimed that the appeal process was unclear and that they had waited more than one month with no response from the Authority.

### **Investigation:**

We investigated the Authority's policies and procedures for considering appeals of out-of-area transfer decisions and its communication with the Complainant throughout the appeal process.

### **Decision: unfairness substantiated**

Our investigation found that the Authority's policy and procedures for handling these transfer requests and related appeals did not align with fairness standards.

Although the Complainant was advised they could appeal the decision to deny their out-of-area transfer request, they received no information about the appeal process itself. Further, the Complainant was told to submit their appeal to an email address that was not monitored — which explained the lack of response

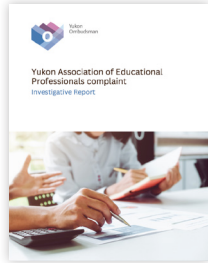
from the Authority. Had the Complainant not come to our office, it must be assumed that their appeal request would have gone unanswered.

Administrative fairness standards require that decision-making processes are transparent and consistent. The decision-making criteria must be known to the parties, including what factors will be considered and how the factors will be weighed. Further, decisions must be documented, clear, complete, and should be communicated to affected individuals in a timely manner.

### **Recommendations: accepted**

The Authority accepted our recommendation to develop and implement a written policy and procedure for out-of-area transfer requests and related appeals applicable to all Yukon public schools. The Authority also confirmed it would review all appeal requests sent to the unmonitored email address to prioritize these requests and apologize to affected individuals for the delay.

# Formal investigations



## Yukon Association of Educational Professionals complaint

**Authority:** Yukon Association of Educational Professionals

We investigated a complaint about the Yukon Association of Educational Professionals and uncovered a problematic appeals process, compounded by a lack of training and a limited pool of individuals to hear an appeal.

The problems included an unfair delay in having the Appeal heard, unfair practices in the conduct of the Appeal, and the nomination of people who did not have sufficient training to conduct the Appeal.

The Authority accepted all five of our recommendations.

## Recommendation implementation reviews

Our work doesn't end once we've made recommendations. We later determine whether the authority has implemented our recommendations — and we share our findings. The following three investigations have been closed due to the authority meeting their commitments.

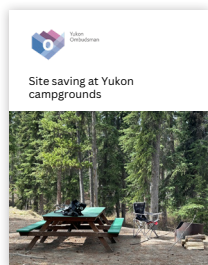


## Yukon Human Rights Commission complaints

**Authority:** Yukon Human Rights Commission

We received responses from the Yukon Human Rights Commission (YHRC) and the Department of Justice regarding their commitments in relation to our investigation on three separate YHRC complaints that concluded in 2024.

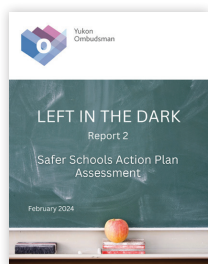
The investigation found unfairness in the YHRC operations and made eight recommendations to the YHRC and the Department of Justice combined. The YHRC accepted all five recommendations and the Department, under which the HRC is organized, accepted two of three. We will review their responses and share our findings in 2026.



## Site saving in Yukon campgrounds

**Authority:** Department of Environment

This investigative report concluded that the Department of Environment's lack of enforcement — due to insufficient tracking of site saving — is unfair and made six recommendations that were fully accepted and implemented.



## Left in the Dark Report 2 — Safer Schools Action Plan

**Authority:** Department of Education

The Department of Education fulfilled the recommendations that they accepted. These recommendations resulted from our formal investigation into the sexualized assault of a child at Hidden Valley Elementary School.

# 2025 Statistics Ombudsman



<b>43</b> Comments from public	<b>9</b> Information about Ombudsman office	<b>24</b> Pending complaint
<b>11</b> General process questions	<b>17</b> No jurisdiction/wrong office/incorrect referral	<b>1</b> Other
<b>78</b> Information about mandate	<b>1</b> Office complaint	

Early Case Resolutions	6
------------------------	---

Complaints		Compliance	
	Informal Case Resolution	Formal Investigation	
Files opened	51	4	1

Total files		
	Complaints	Compliance
Files opened	55	1
Files closed (includes files from previous years)	54	1
Files to be carried forward	19	9

## Total files opened

Authority	Number of complaints		
	Informal Case Resolution	Formal Investigation	Total
Community Services	2		2
Education	6	1	7
Energy, Mines and Resources	4	1	5
Engineers Yukon	1		1
Environment	3	2	5
Executive Council Office	1		1
Finance	1		1
First Nation School Board	2		2
Health and Social Services	7		7
Highways and Public Works	2		2
Justice	5		5
Public Service Commission	4		4
Workers' Safety and Compensation Board Yukon	5		5
Yukon Association of Education Professionals	1		1
Yukon Human Rights Commission	3		3
Determined no jurisdiction	4		4
<b>Total</b>	<b>51</b>	<b>4</b>	<b>55</b>

Formal Investigations by recommendations			
Authority	Recommendations		
	Accepted	Partially accepted	Not accepted
Yukon Association of Education Professionals	5		
<b>Total</b>	<b>5</b>		



# 2025 Annual Report of the Yukon Information and Privacy Commissioner

The Honourable Yvonne Clarke  
Speaker, Yukon Legislative Assembly

Dear Madam Speaker:

I am pleased to submit the 2025 Annual Report of the Yukon Information and Privacy Commissioner and share this with the public, as required by section 117 of the *Access to Information and Protection of Privacy Act* and Section 97 of the *Health Information Privacy and Management Act*.

Kind regards,

A handwritten signature in black ink, appearing to read 'Jason Pedlar', is placed above the name and title.

Jason Pedlar  
Yukon Information and Privacy Commissioner

# Working on safeguarding the privacy and information rights of Yukoners

The [Access to Information and Protection of Privacy Act](#) (ATIPPA) and the [Health Information Privacy and Management Act](#) (HIPMA) provide access to information and protection of privacy rights to the public. These laws establish rules that public bodies and health sector custodians must follow to collect, use, disclose, secure, and manage personal information. The public has the right to access any records held by public bodies, with some limited exceptions under the ATIPPA, and the right to access their own personal health information held by custodians under the HIPMA.

The Information and Privacy Commissioner (IPC) is responsible for ensuring that public bodies and custodians comply with these laws. The IPC has the power to investigate complaints about non-compliance and to make recommendations on their findings, as well as other responsibilities, including informing the public about these laws.

## Message from Information and Privacy Commissioner Jason Pedlar

In 2025, our team was busiest with HIPMA files. While we were managing double the compliance files and almost the same with complaint files, we faced two significant events where our authority was challenged. These challenges have real potential to weaken our authority and create an environment where public bodies are less transparent and accountable to the people they serve. We experienced government interference with our budget, [as mentioned previously](#), and with our authority to summons government witnesses.

## Challenges to our authority to summons government witnesses

An inmate at the Whitehorse Correctional Centre contacted us about an access request for surveillance video of himself at the jail and we decided to investigate the Department of Justice's compliance with ATIPPA.

It is common practice to interview witnesses during an investigation. After providing the Department of Justice (DOJ) with a notice of our investigation and receiving submissions on the matter, we issued summonses to interview two employees. DOJ insisted that the employees would only attend if they were accompanied by DOJ lawyers; the same department we were investigating. We denied this request as it is our long-established practice not to allow government lawyers to attend witness interviews as we believe this is a conflict of interest.

In August, the Yukon government served us with a petition arguing that DOJ employee compliance with the summonses is unnecessary and if the IPC took action to enforce the summonses, it would be vexatious and an abuse of process. After the IPC issued summonses to three additional Government of Yukon employees, the DOJ served us with a second petition making the same argument.

In response, we made a court application to strike their petition; however our application was [denied](#) by Chief Justice Duncan of the Yukon Supreme Court. There is a hearing on the merits of the two DOJ petitions scheduled for April 2026. We are confident that our statutory authority will be upheld, as the Legislative Assembly had intended.

We have had to pause our investigation until the hearing determines whether we can interview employees without interference from the DOJ. We will issue a public report once we can successfully complete our investigation.

## Changes to the *Access to Information and Protection of Privacy Act (ATIPPA)*

We have started preparing recommendations for the upcoming 2027 ATIPPA review to help improve this Act. Some of our recommendations will include:

- Increasing the time to informally resolve complaints from the current 60 days to the 90-day period under the previous Act. We aim to resolve complaints ahead of our statutory timelines; however, the shortened timeframe requires us to unfairly prioritize ATIPPA complaints over all other Acts.
- Requiring the public body to seek a court review if they choose not to follow the recommendations of the IPC. The current system puts too much of a burden on the complainant to go to court to have our recommendations enforced. This would address the continued refusal of public bodies to accept the recommendations of the IPC.

## Reviewing the *Health Information Privacy and Management Act (HIPMA)*

This year, we met quarterly with representatives from the Department of Health and Social Services (HSS) to provide feedback and advice on potential amendments to the *Health Information Privacy and Management Act (HIPMA)*. We use and interpret this Act daily and have great knowledge of its limitations. We are keen to improve this Act and provide feedback as subject matter experts in the areas of access to information and in the privacy of personal information and personal health information.

Our former commissioner submitted [recommendations](#) to improve and modernize the Act, taking into account the increasing use of digital health records and the growing role of technology — including artificial intelligence (AI) — in healthcare and internet-connected medical devices. She also made recommendations to provide clearer guidance on security standards for protecting personal health information, clarify the process of transferring records to successor custodians, make privacy impact assessments mandatory for all custodians, and grant additional oversight powers for our office aligned with those introduced with ATIPPA in 2021. We intend to provide a supplemental update to our formal recommendations in 2026.

## Privacy compliance audits

We have begun the development and implementation of a risk-based compliance monitoring strategy to ensure compliance with our Acts. In 2026, as part of this strategy, we will begin conducting systematic privacy compliance audits of public bodies under ATIPPA, ensuring they meet their privacy obligations. More details will be shared in early 2026.

## Working with custodians — compliance

This year we handled double the compliance files with 67% more custodians requesting advice, triple the requests for comments, and double the privacy breaches. Personal health information (PHI) requires strict adherence to the HIPMA due to the sensitive nature of the information. Despite an increase in HIPMA complaint numbers, they still remain lower than expected considering the numbers of interactions between patients and custodians. We have not conducted a formal investigation — called a Consideration — since 2021, as all complaints have been resolved under our Informal Case Resolution process. While this may appear to suggest there are few concerns in this area, we believe it indicates the opposite: issues are going unreported because patients and custodians do not understand our role, how we can help, or custodians' obligations under HIPMA.

Our Communications and Outreach Strategy has identified custodians as one of our target audiences. [Custodians](#) include physicians, nurses, dentists, psychologists, pharmacists, optometrists, occupational therapists, midwives, naturopaths, physiotherapists, chiropractors, and more. We can support custodians by providing advice when they reach out to us and by evaluating privacy breaches that are reported to our office. Our website also has a [list of resources](#) to help prevent and respond to privacy and access concerns.

In the fall, we sent letters to custodian-related associations to introduce ourselves and how we can support them. We heard back from the Yukon Medical Association, the dentist and pharmacist associations, and hope to provide information sessions in the coming year.

These low case numbers can also be attributed to limitations to the HIPMA, as mentioned previously. Currently, we can only investigate matters that arise from a complaint because we do not have the authority to conduct own motion investigations or audits. Own motion authority is one of our recommended amendments. This authority is common in other jurisdictions across the country and around the world. See recommendations for [HIPMA statutory review](#).

## Successor custodian

Earlier this year, we issued a [news alert](#) reminding custodians of their obligations for transferring patient records and the need for succession planning. This alert resulted from a [complainant](#) who was charged a fee for obtaining and transferring their medical records from their family doctor — who was closing their medical practice — to a new physician.

HIPMA and its regulations clarify what a custodian must do with a patient's records should they retire, leave the territory, or otherwise cease their operations. There were two important principles that were relevant:

1. A custodian remains responsible for the records unless they are transferred to another custodian. The responsibility for maintaining a patient's medical records cannot be contracted out to anyone other than another custodian, as outlined in the HIPMA Continuing Duties of Custodians.

The duties apply to custodians until they transfer custody and control of the personal health information to a "successor." The custodian's obligations only cease when this happens, or the records are securely destroyed in accordance with the custodian's records retention policy. If a custodian has not transferred their patient records to a successor custodian, then they remain responsible for complying with the HIPMA, even if they have closed their practice.

2. The originating physician cannot charge for transferring the patient's records to a new physician if they stop providing medical care.

Our [HIPMA Guide for Small Custodians](#) provides more detailed information on the obligations of custodians under the HIPMA.

## Compliance

An essential part of our work is helping public bodies and health custodians comply with the requirements for managing personal data under the *Access to Information and Protection of Privacy Act* (ATIPPA) and the *Health Information Privacy and Management Act* (HIPMA). We handle several types of compliance files including privacy impact assessments (PIA), security threat risk assessments (STRA), privacy breach evaluations, and requests for comment, advice, or decisions.

### Privacy impact assessments (PIA)

A privacy impact assessment (PIA) is an important risk assessment done by a public body or custodian to consider **before** implementing a program or service. It is intended to ensure all collection, use, disclosure, retention, and disposal of personal and personal health information comply with ATIPPA or HIPMA.

The requirement for public bodies and some custodians (the Department of Health and Social Services and the Hospital Corporation) to complete a PIA was first introduced under ATIPPA in 2021 and under the HIPMA regulations in 2016. We have seen significant improvement in the quality of the PIAs received by our office. However, we do see where this important step can be improved and will make these recommendations for updating both ATIPPA and HIPMA:

- Requiring a custodian to respond to any recommendations the IPC makes as part of the mandatory PIA process under HIPMA, by stating whether they have accepted or rejected our recommendations.
- Clarify what constitutes “a reasonable amount of time” for public bodies to submit a mandatory PIA to the IPC for review prior to carrying out a proposal or change. We often receive PIAs with very little lead time for us to effectively comment before the public body's implementation. This can result in a proposed use of personal information not complying with ATIPPA or not aligning with best practice.
- Expand the list of custodians who are required to submit a PIA to our office to include all custodians — not just Department of Health and Social Services and the Hospital Corporation.

In this reporting year, we closed two PIAs under ATIPPA and nine under HIPMA.

### Privacy breach evaluations

A privacy breach (or security breach) means that personal information was collected, used, or disclosed without authority under the ATIPPA or HIPMA.

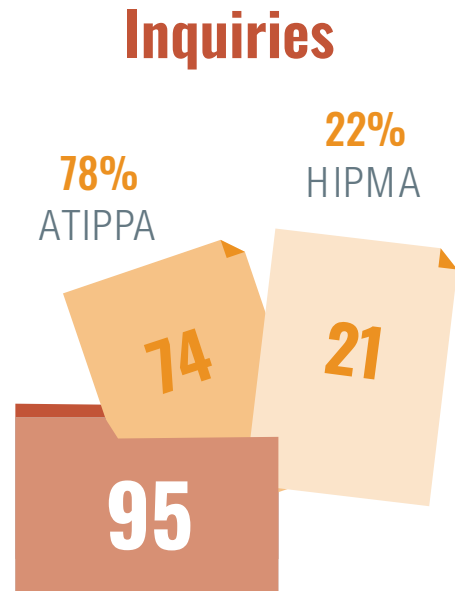
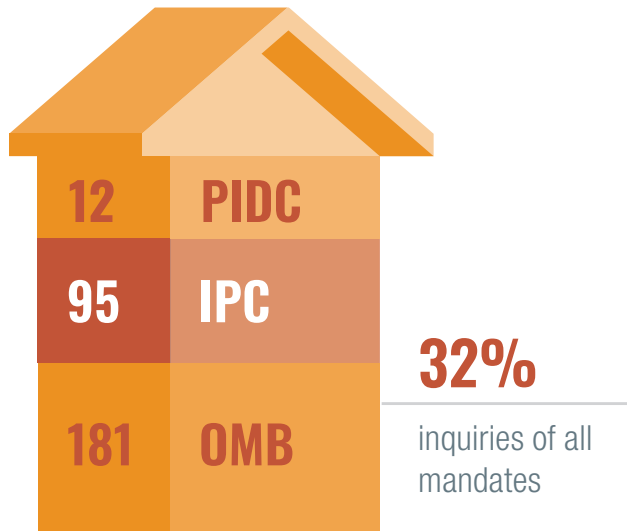
In 2025, we received nine breach notices under ATIPPA and 15 under HIPMA.

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In the following pages, you can find statistics and more information about the type of complaints we handled this year.

# Stats at a glance 2025

## Information and Privacy Commissioner



### Files opened



**!** HIPMA files **doubled** this year.

**111 ATIPPA**  
 77 (69%) complaint  
 15 (14%) compliance  
 19 (17%) request

**47 HIPMA**  
 7 (15%) complaint  
 16 (34%) compliance  
 24 (51%) request

### Files closed



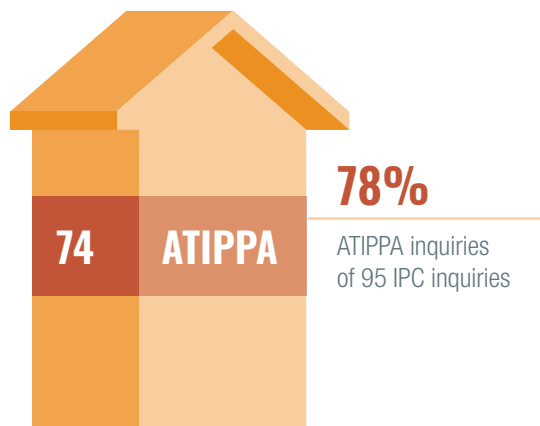
**105 ATIPPA**

**35 HIPMA**

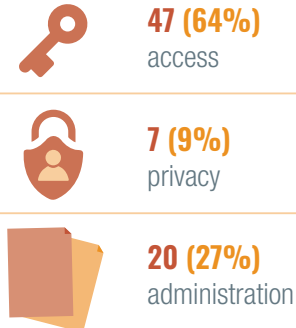
# Stats at a glance 2025 *Access to Information and Protection of Privacy Act (ATIPPA)*

More ATIPPA statistics can be found at the end of the IPC section of this report.

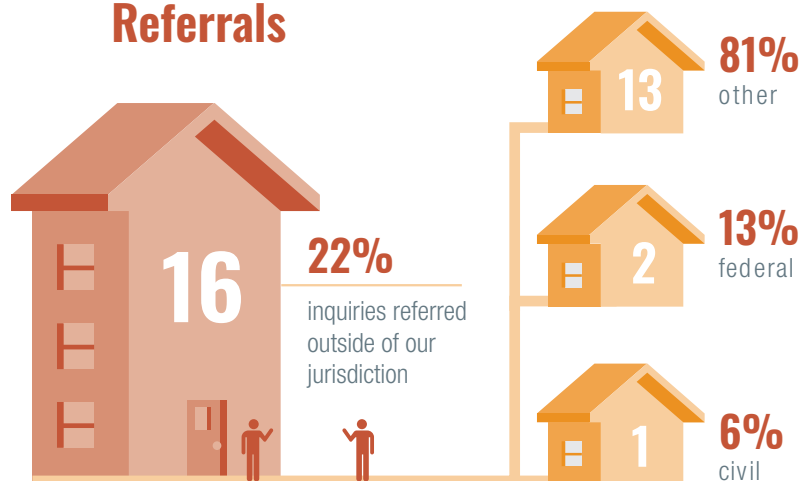
Information and Privacy  
Commissioner



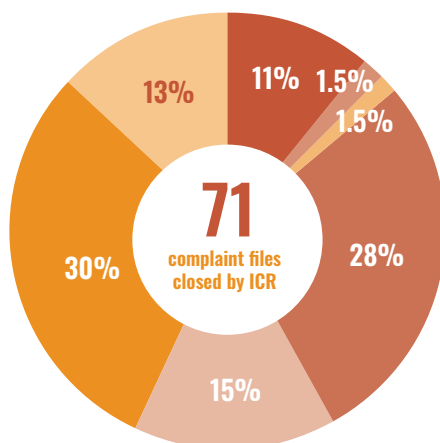
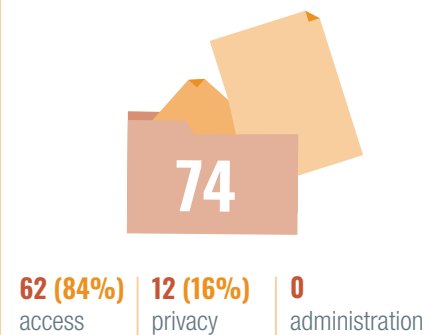
## Inquiries



## Referrals



## Complaint files opened at Informal Case Resolution (ICR)



## Determination

**8** **(11%) substantiated**  
We agreed with the complainant that there was unfairness or non-compliance that needed to be addressed.

**21** **(30%) partially substantiated**  
We agreed with the complainant on some matters, but not everything.

**20** **(28%) unsubstantiated**  
We did not find evidence of unfairness or non-compliance.

**1** **(1.5%) escalated to Formal Investigation**

**1** **(1.5%) N/A**  
We were unable to make a determination about the complaint. This might include complaints that were withdrawn during the investigation process, or upon closer examination of an issue, we declined to investigate further.

**11** **(15%) refused to investigate**

**9** **(13%) complaint withdrawn**

**59%** of all complaints either substantiated or partially substantiated.

# Stats at a glance 2025 *Access to Information and Protection of Privacy Act (ATIPPA)*

Information and Privacy Commissioner

## Formal Investigations opened



**3 (100%)**  
access

**0** privacy

**0** administration

## Formal Investigations closed



**3 (75%)**  
substantiated

**1 (25%)**  
unsubstantiated

**0**  
partially substantiated

**0** N/A

## Compliance files opened



**10 (29%)**  
advice

**9 (26%)**  
privacy breaches

**3 (9%)**  
deemed refusal

**1 (3%)**  
notice to not reveal  
existence of record

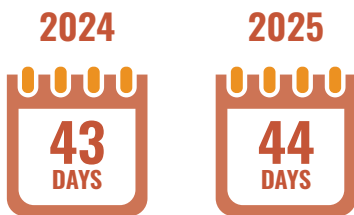
**6 (18%)**  
comment

**3 (9%)**  
decision (time  
extension request)

**2 (6%)**  
research

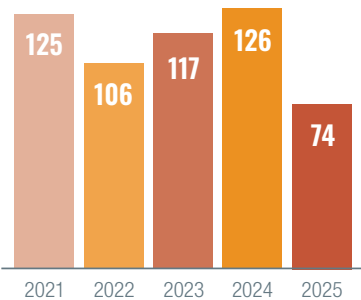


ICR statutory deadline

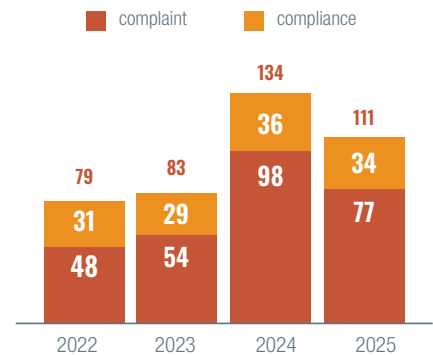


ICR average handle time

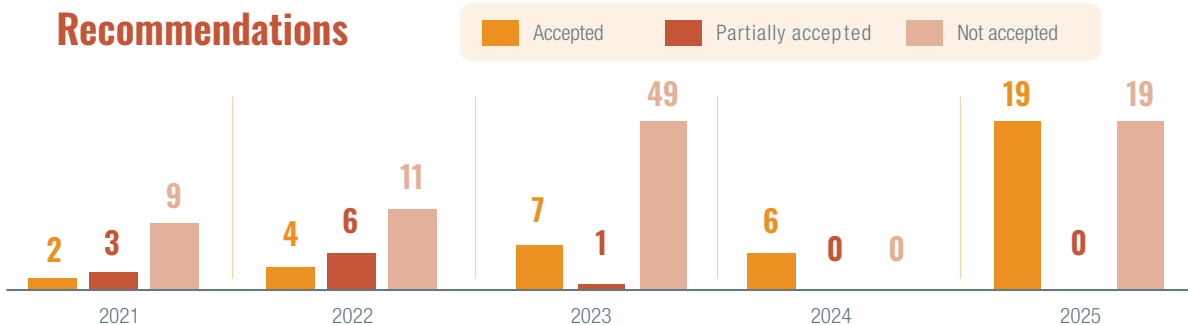
## Inquiries



## Files opened



## Recommendations



# Your ATIPPA stories

## Informal Case Resolution

Depositphotos

### Sharing email addresses without authority is a privacy breach

Public body: Department of Energy, Mines and Resources  
Complaint type: privacy

#### **Complaint:**

An individual received a mass email from the Authority's Land Management Branch that revealed their email address, as well as those of the other recipients. They contacted our office because they felt that their privacy and that of the other recipients had been breached.

#### **Investigation:**

We found that the Land Management Branch sent three emails and inadvertently shared the email addresses with all 1,500 recipients. The emails contained information about an upcoming residential land lottery with links to the Yukon Government website.

#### **Decision: non-compliant**

Email addresses are personal information, and the Public Body correctly identified this incident as a privacy breach and provided our office with their breach report. Our investigator agreed with the Public Body's conclusion that this breach was a result of human error. It prompted them to implement several security measures and to use this case as an example of how to prevent similar breaches in the future through increased awareness and staff training.

#### **Recommendations: implemented**

The Public Body proposed three recommendations that we feel appropriately addressed the root cause of this breach: restricting the use of email for external communications, implementing communication software for mass notifications, and department-wide communication safeguards. We also suggested that the Public Body help educate the public by adding a notification to its land lottery webpage on how to avoid social engineering scams — such as phishing (email), vishing (voice), and smishing (text) — that can result from a privacy breach of this nature.



## Public bodies must be transparent about how they collect, use, and disclose personal information

Public body: Yukon Utilities Board  
Complaint type: privacy

### Complaint:

We received a complaint alleging that the Public Body disclosed personal information without authority under the *Access to Information and Protection of Privacy Act* (ATIPPA).

When the Complainant participated in one of the public body's proceedings, they were required to give their name and email address along with their comments about the utility's application. A short time later, the Complainant received a notice from the Public Body advising them that their personal information and comments were now posted on the Public Body's website as part of the proceedings.

The Complainant claimed they were never advised that their personal information would be disclosed in this manner and felt this might be a violation of the ATIPPA.

### Investigation:

We investigated whether the Public Body had disclosed the Complainant's personal information as described, and if so, whether it had complied with the ATIPPA.

### Decision: non-compliant

We found that the Public Body has authority to collect, use, and disclose personal information under the ATIPPA when carrying out its duties under the *Yukon Utilities Act*. However, we also found that the Public Body had not provided the Complainant with proper notice as required by the ATIPPA.

When collecting personal information, public bodies must provide individuals with a notice that specifies the purpose for the collection, their legal authority to collect the personal information, and provide the contact information of someone at the public body who can answer questions about the collection. At the time of collection, it is also important to advise individuals how their personal information will be used and disclosed so that they can make informed decisions.

So, while the Public Body was authorized to disclose the personal information at issue, the lack of a collection notice meant there was a privacy breach.

### Recommendations: accepted

The Public Body accepted our recommendations to provide a collection notice to participants in all future proceedings and to ensure that personal information in its custody or control is adequately protected through administrative, technical, and physical safeguards.

# ATIPPA Formal Investigation reports

The Information and Privacy Commissioner issued three formal investigation reports.

## Records withheld related to heap leach facility failure

Public body: Department of Environment

The IPC recommended that the records be released to the complainant; however, the [Public Body](#) is continuing to withhold 14 of the 33 pages we recommended be released.

## Collection of personal information by *Civil Emergency Measures Act* enforcement officers

Public body: Department of Justice

The IPC found that the [Public Body](#) was compliant and no recommendations were made.

## Immigration program area information access request

Public body: Department of Economic Development

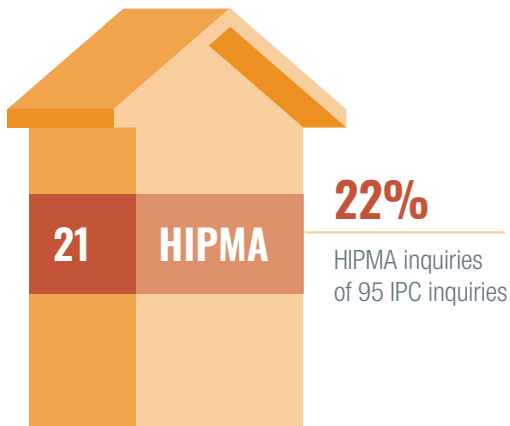
The IPC made two recommendations that the [Public Body](#) accepted in full.



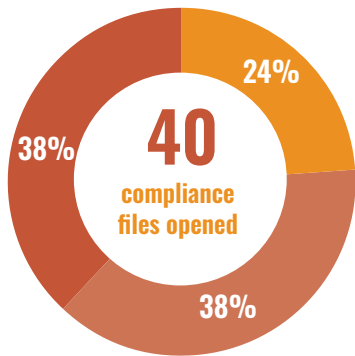
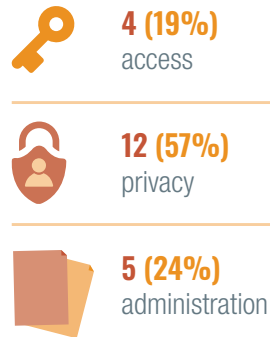
# Stats at a glance 2025 *Health Information Privacy and Management Act (HIPMA)*

Information and Privacy Commissioner

More HIPMA statistics can be found at the end of the IPC section of this report.



## Inquiries



## Compliance files opened

**15 (38%)** privacy breaches

**10 (24%)** comment PIA requests: **9** mandatory: **9** voluntary: **0** general: **1**

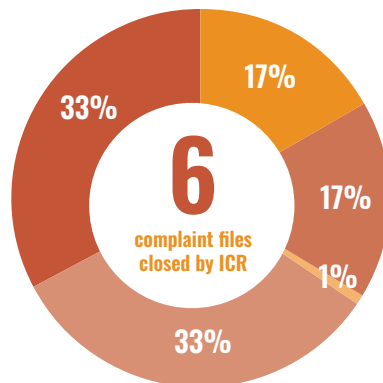
**15 (38%)** advice

**!** We had double the compliance reporting: privacy breach: **doubled** advice: **67%**↑ comment: **tripled**

## Complaint files opened at Informal Case Resolution (ICR)



**!** Files numbers increased by **75%**.



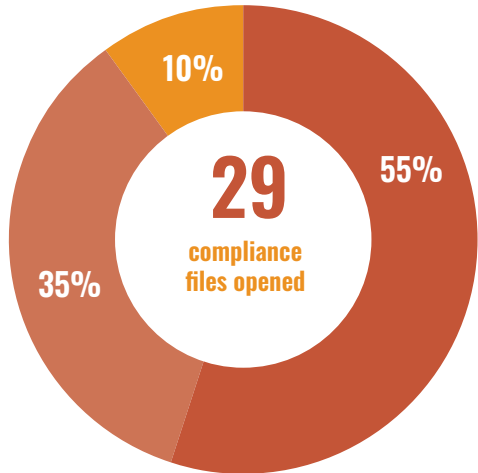
## Determination

- 2 (33%)** substantiated
- 1 (17%)** partially substantiated
- 2 (33%)** unsubstantiated
- 1 (17%)** N/A

**!** **60%** of all complaints were substantiated or partially substantiated.

# Stats at a glance 2025 *Health Information Privacy and Management Act (HIPMA)*

Information and Privacy  
Commissioner



## Compliance files closed

formally "Request files closed"

10 (35%)  
privacy breaches

16 (55%) advice

3 (10%) comment  
PIA requests: 2  
General: 1



ICR statutory deadline

2024



2025



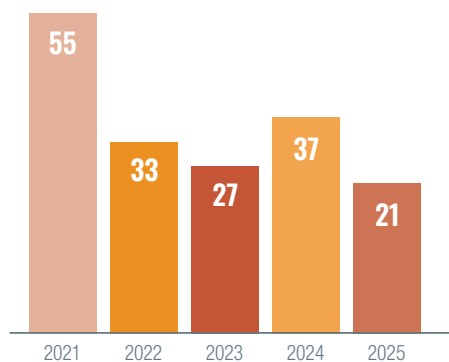
Our average handling time

0

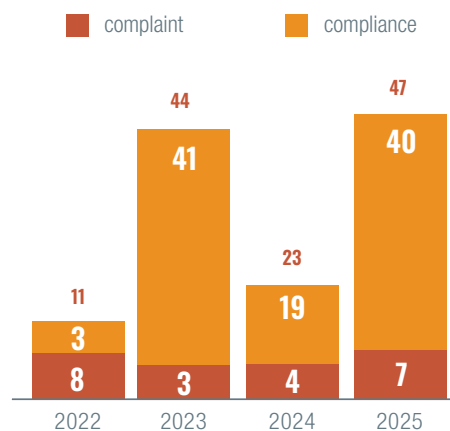
formal  
Considerations

A HIPMA formal investigation  
is called a **Consideration**.

## Inquiries



## Files opened



There was a **104%**  
increase in files  
opened!

# Your HIPMA stories

## Informal Case Resolution



Depositphotos

## To charge or not to charge a patient to access their personal health information

Custodian: private custodian  
Complaint type: administration

### **Complaint:**

We received two complaints about a doctor who was closing their practice and charging fees to transfer patient records to another clinic. The Complainants wanted to know whether the Custodian was allowed to charge these fees under the *Health Information Privacy and Management Act* (HIPMA).

### **Investigation:**

We investigated whether the fees charged aligned with custodian obligations under the HIPMA. In some circumstances HIPMA allows custodians to charge their patients fees to access their health records. However, the Act states that when a custodian is ending care, they must not charge fees for transferring an individual's personal health information (PHI) to another custodian.

### **Decision: non-compliant**

The Custodian confirmed they would no longer be providing care to the individuals; therefore, the fees were not authorized under the HIPMA.

### **Recommendations: accepted**

The Custodian accepted our recommendation to release the Complainant's PHI to the other custodian at no cost.



Depositphotos

## Your personal health information must be easily accessible to you

**Custodian:** Yukon Hospital Corporation  
**Complaint type:** privacy

### **Complaint:**

An individual requested a copy of their ultrasound and were told that they could only access the information through the PocketHealth app. When they logged into the app, they were prompted to sign up for a recurring payment of roughly \$50 per year. The individual had concerns with this fee and the fact that the app contained their medical imaging information dating back to 2014.

### **Investigation:**

Our office investigated whether the Custodian's use of PocketHealth complied with the *Health Information Privacy and Management Act* (HIPMA) regarding disclosure of personal health information (PHI) to a third-party vendor and the fees being charged to access the records.

### **Decision: non-compliant**

We found that the Custodian met its obligations regarding disclosure of PHI to PocketHealth, including an information manager agreement with the vendor. Also, the app provides individuals with three options

to access their PHI, including a free option that allows records to be downloaded to a computer.

However, the Custodian was non-compliant regarding access to PHI because they only provided one option for the patient to access their information. The HIPMA requires that custodians provide individuals access to their own PHI and there should be an option that doesn't require going through a digital third-party vendor— not everyone has a computer or a smart phone.

### **Recommendations: accepted**

The Custodian accepted our recommendation to respond to access requests for medical images by providing either a printed copy or, upon request, on-site via a digital terminal. As well, the Custodian agreed to train medical imaging staff to advise patients that in addition to accessing their records via PocketHealth, they may also make a written request for their records in accordance with HIPMA.

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## HIPMA formal Considerations

There were no formal Considerations opened in 2025 because 100% of complaints reported to us were resolved by our Informal Case Resolution team.

# 2025 Statistics *Access to Information and Protection of Privacy Act (ATIPPA)*

Information and Privacy Commissioner



**Inquiries**

- 9** Comments from public
- 2** Information about office
- 12** Pending complaint
- 11** General process questions
- 3** No jurisdiction/wrong office/incorrect referral
- 3** Other
- 33** Information about mandate
- 1** Office complaint

Early Case Resolutions	0
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Compliance	
Files opened	34
deemed refusal	3
privacy breaches	9
compliance audit	0
research	2
notices received	1
advice	10
comment	6
Implications for proposed policy, program or activity, specialized service or data-linking activity	1
Privacy impact assessment	2
Implications for protection of personal information	1
Promoting best practices	1
Security threat risk assessment-STRA [regs s.9(s)]	1
decision	3
access time extension	3
<b>Files closed (includes files from previous years)</b>	<b>30</b>

Complaints	Informal Case Resolution	Formal Investigation
Files opened	74	3
access	62	3
privacy	12	0
<b>Files closed (includes files from previous years)</b>	<b>71</b>	<b>4</b>

Total (complaint/compliance)	
Files opened	111
Files closed (includes files from previous years)	105
Files to be carried forward	20

Recommendations (Formal Investigations/Compliance Audits)			
Public body	Public body		
	Accepted	Partially accepted	Rejected
Economic Development	2		
Environment	14		19
Justice	3		
Justice	no recommendations		
<b>Total</b>	<b>19</b>		<b>19</b>

## Privacy Impact Assessment review activities

Public body	PIA submissions	Voluntary	Mandatory	Status
Education	Video surveillance in schools	X		review complete
Highways and Public Works	My Yukon (2nd PIA)		X	review underway

## Total files opened

Public body	Number of files											
	Complaints		Compliance									Total
	Informal Case Resolution	Formal Investigation	Deemed refusal notices	Public notice of privacy breach	Notice to not reveal existence of record	Privacy breaches	Research	Audit	Decision	Comment	Advice	
Community Services	19										1	20
Education	7					1				1		9
Energy, Mines and Resources	6					1			2			9
Environment	6	1	1			1					1	10
Executive Council Office			1									1
Health and Social Services	4	1				2			1			8
Highways and Public Works	5					2				2	4	13
Justice	3	1				1						5
Public Service Commission	12					1						13
Worker's Compensation Appeal Tribunal										1		1
Workers' Safety and Compensation Board Yukon	7				1					1	2	11
Yukon Capability and Consent Board	1											1
Yukon Energy Corporation			1									1
Yukon Housing Corporation	2											2
Yukon University											1	1
Yukon Utilities Board	1									1		2
No Jurisdiction	1											1
N/A							2				1	3
	74	3	3		1	9	2		3	6	10	111

# 2025 Statistics *Health Information Privacy and Management Act (HIPMA)*

Information and Privacy Commissioner



## Inquiries

- 5** General process questions
- 1** Other
- 1** Pending complaint
- 13** Information about mandate
- 1** Comments from public

Early Case Resolutions	0
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Complaints	Informal Case Resolution	Formal Investigation
Files opened	7	0
Privacy	5	10
Administration	2	0
Files closed (includes files from previous years)	6	0

Compliance	
Files opened (total)	40
Privacy breaches	15
Research	0
Requests	25
Advice	15
Comment	10
Privacy Impact Assessments	9
General	1
Files closed (includes files from previous years)	29

Total (complaint/compliance)	
Files opened	47
Files closed (includes files from previous years)	35
Files to be carried forward	19

## Privacy Impact Assessment review activities

Custodian	PIA submissions	Voluntary	Mandatory	Status
Health and Social Services	Health card production by external vendor		yes	review complete
Health and Social Services	Plexia electronic medical records system		yes	review underway
Health and Social Services	Envoke email distribution platform		yes	review underway
Health and Social Services	GENEI case mangement system		yes	review underway
Health and Social Services	Heidi Al scibe		yes	review underway
Health and Social Services	WRAP PIA routing tool		yes	review underway
Health and Social Services	Spotlight automated referral tool		yes	review underway
Health and Social Services	Bell computer aided dispatch system		yes	review underway
Health and Social Services	RLDatix incident reporting		yes	review underway

## Total files opened

Custodian	Number of files						Total
	Complaint		Compliance				
	Informal Case Resolution	Formal Considerations	Comments	Advice	Research	Privacy	
Child Development Centre (prescribed custodian)				1			1
Health and Social Services	2		10	3		11	26
Private Medical Practitioners	3			11		2	16
Yukon Hospital Corporation	2					2	4
Totals	7		10	15		15	47



Photo: Jason Pedlar

# 2025 Annual Report of the Yukon Public Interest Disclosure Commissioner

The Honourable Yvonne Clarke  
Speaker, Yukon Legislative Assembly

Dear Madam Speaker:

I am pleased to submit the 2025 Annual Report of the Yukon Public Interest Disclosure Commissioner and share this with the public, as required by section 43 of the *Public Interest Disclosure of Wrongdoing Act*.

Kind regards,

A handwritten signature in black ink, appearing to read "Jason Pedlar".

Jason Pedlar  
Yukon Public Interest Disclosure Commissioner

# Working to protect public interest when whistleblowers report wrongdoing

The *Public Interest Disclosure of Wrongdoing Act* (PIDWA) promotes public confidence by enabling employees of public entities to disclose wrongdoings that occur in their workplace and protect them from reprisal. Current and previous employees can disclose to a supervisor, a designated officer in their public entity, or the Public Interest Disclosure Commissioner (PIDC). The Commissioner has the authority to investigate wrongdoing disclosures and reprisals, and may also provide confidential advice to employees who are considering a disclosure.

## Message from Public Interest Disclosure Commissioner Jason Pedlar

My mandate is to promote integrity and accountability in the public sector by providing a safe and trusted process for reporting wrongdoing. The *Public Interest Disclosure of Wrongdoing Act* enables employees to come forward, in good faith, with concerns about serious misconduct, while offering protection against reprisal. Protection is essential: individuals must be able to speak up in the public interest without fear of retaliation, reinforcing a culture of transparency, fairness, and respect for the rule of law for the benefit of all Yukoners.

In 2025, we had four times more wrongdoing disclosure files than in the previous year. We received three times the number of requests for advice from employees who were considering making a disclosure to our office. None of these requests for advice resulted in a disclosure of wrongdoing to our office. Why these requests didn't result in disclosures is unknown; however, one of the most common concerns we hear is a fear of reprisal by the public entity. As I do not have own motion authority to investigate a matter without disclosure, I am unable to pursue these matters.

PIDWA is currently undergoing a statutory review where we have made [recommendations](#) to improve the Act. In September, the Public Service Commissioner informed me that they were completing their review and would bring their recommendations to the Yukon government following the upcoming election.

## Investigations

### Environment text message case

Last year, I [reported](#) on challenges we encountered compelling records as part of a 2023 investigation of wrongdoing of the Department of Environment.

As part of the investigation, I issued a Notice to Produce Records of text messages from mobile phones issued by the Department. The messages in question were sent and received over a three-month period and were directly related to the disclosure we were investigating.

At the end of last year, the Department revised their response and provided the records saying that “[i]n the interests of avoiding the unnecessary use of judicial resources, Yukon encloses a revised response.”

After receiving the records, we were able to complete our investigation, concluding that there wasn't sufficient evidence to substantiate that a wrongdoing had occurred.

### **Roadblocks to records — a different approach**

We have had issues receiving records from Yukon government departments, so this year I sought a solution to address this. I proposed the development of a memorandum of understanding (MOU) that was accepted by the Attorney General. The MOU sets out clear expectations and timelines that each party must follow when disputes arise.

My proposal arose from a 2024 investigation of wrongdoing where the Department of Environment refused to produce records that we requested. The Department, through lawyers of the Department of Justice, claimed the text messages we were seeking were not relevant to our investigation.

We launched a court action to compel the Department to provide all responsive records and sought a court declaration that record relevancy must remain at the discretion of the PIDC.

The MOU was signed September 23rd, and I am cautiously optimistic it may help. Only time will tell. We have left our court petition in abeyance and may activate it again should the issue arise.

### **Public entities must report all disclosures annually**

Each year, public entities are required to report the number of disclosures of wrongdoing they received, the number of investigations conducted, and details about their response to any disclosure found to be substantiated — even if none were received. PIDWA requires the chief executive of a public entity to report this information to the minister responsible. In the case of a corporation, the chief executive reports it to the chair of the governing board (section 42).

This year, the Departments of Community Services and Education each reported a disclosure, and four failed to report: Management Board Secretariat, Yukon Energy Corporation, Yukon University, and the Yukon Water Board.

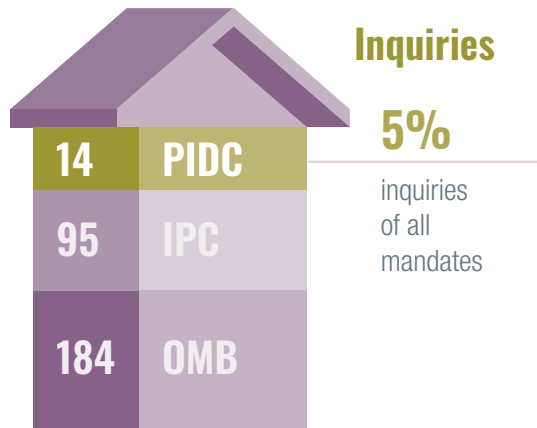
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In the following pages, you can find statistics and more information about the type of complaints we handled this year.



# Stats at a glance 2025

## Public Interest Disclosure Commissioner (PIDC)



### Formal Investigations



### Files closed



**10 (72%)**  
request for advice

**0**  
request for comment

**3 (21%)**  
complaint files Informal Case Resolution (including previous years)

**1 (7%)**  
complaint files closed in Formal Investigation (including previous years)

### Files opened



### Compliance

**0**  
request for comment (Act review)

**9 (75%)**  
request for advice (consideration of a disclosure)

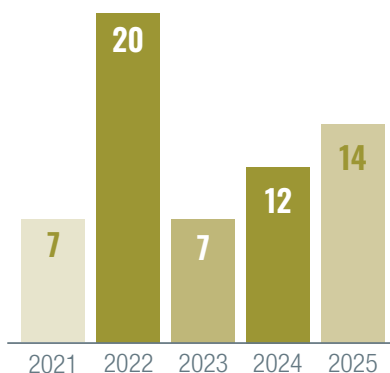
### Complaints

**3 (25%)**  
complaint files opened in Informal Case Resolution

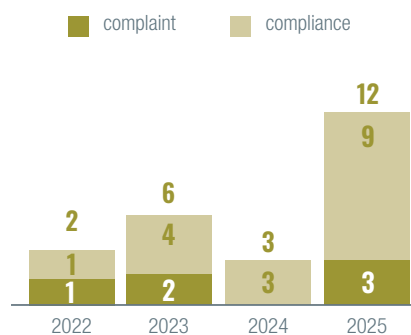
**0**  
Formal Investigation

**!** We have **four times more** files this year.

### Inquiries



### Files opened (complaint/request)



### Disclosure reporting

Disclosures reported within a public entity must be reported to the PIDC on an annual basis. The Departments of Community Services and Education each reported a disclosure, and four failed to report: Management Board Secretariat, Yukon Energy Corporation, Yukon University, and the Yukon Water Board.

# 2025 Statistics Public Interest Disclosure Commissioner (PIDC)



## Inquiries

- 9** Information about mandate
- 3** General process questions
- 1** Office complaint
- 1** Comment from the public

Complaints	Informal Case Resolution	Formal Investigation
Files opened	3	
Reprisal complaint		
acted upon		
not acted upon		
Disclosures	3	
acted upon	2	
not acted upon	1	
Files closed (includes files from previous years)	3	1
Files to be carried forward (includes files from previous years)		

Compliance	
Files opened	9
Comment - review of act	
Advice - consideration of disclosure	9
Decision	
Files closed (includes files from previous years)	10
Files to be carried forward	

Total (complaint/compliance)	
Files opened	12
Files closed (includes files from previous years)	14
Files to be carried forward	

## Total files opened

	Complaints		Requests		Total
	Disclosures	Reprisal	Comments	Advice	
Public entity					
Community Services	1				1
Environment	1				1
First Nation School Board				1	1
Health and Social Services				5	5
Highways and Public Works				1	1
Justice	1			1	2
Workers' Compensation Health and Safety Board				1	1
<b>Total</b>	<b>3</b>			<b>9</b>	<b>12</b>

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