

Matthew Vella

vs

Superintendence of Public Health

THE FREEDOM OF INFORMATION REQUEST

1. On the 23rd May 2022, Mr Matthew Vella (the “**applicant**”) submitted a request to the Superintendence of Public Health (the “**Public Authority**”) pursuant to the requirements set forth in article 6(1) of the Freedom of Information Act, Chapter 496 of the Laws of Malta (the “**Act**”), requesting “[c]opies of all inspection reports for the Mater Dei ART clinic and licensing reports (carried out in conjunction with the EPA/Superintendence for Public Health) since 2014”, in electronic format.
2. On the 21st June 2022, the Public Authority informed the applicant that his request could not be met because:

“By virtue of Article 38 of the Freedom of Information Act which states that “Subject to article 35, a document is an exempt document if its disclosure under this Act would, or could reasonably be expected to:

- (a) prejudice the effectiveness of procedures or methods for the conduct of tests, examinations or audits by public authority;*
- (b) prejudice the attainment of the objects of particular tests, examinations or audits conducted or to be conducted by a public authority;*
- (c) have a substantial adverse effect on the proper and efficient conduct of the operations of a public authority*
- (d) have a substantial adverse effect on the conduct of negotiations (including commercial and industrial negotiations) by or on behalf of the Government or another public authority”.*

3. The applicant was not satisfied with the Public Authority's reply, and on the 1st August 2022, pursuant to the Internal Complaints Procedure, he requested the Public Authority to reconsider its decision, by contending that:

“Complainant submits that the reason for refusal of FOI request has not been properly explained, and that public authority relies on blanket exclusion by citing Article 38.

1. *In various reports published by the Mater Dei assisted reproduction clinic, as well as by the regulator Embryo Protection Authority, various references are made as to OHSS rates, claims of MDH having an OHSS-free clinic; as such the public authority has not explained why it chooses to refer to these rates in various public reports, but then discriminates with requestor over the data that backs up these statements.*
2. *Both annual reports by MDH and EPA refer to voluminous quantities of data referring to fertility and ART rates, but OHSS figures are missing. The public authority has chosen not to reveal part of the otherwise public data it is releasing to the regulator, presenting only a selective portion of this data. Why does the public data it shows in these annual reports not prejudice the aims cited in Art. 38 a, b, c, d when this is far more voluminous than the data requested? The public authority does not explain this.*
3. *Complainant submits that the data presented in the MDH and EPA reports already has a, speculatively, “substantial adverse effect on the conduct of negotiations” - the operations of the MDH ART clinic are publicly available on various etenders.gov.mt documentation, the fertility success data is present in the public reports, and the annual financial spend is also publicly available in annual government Budget financial estimates. Therefore 38 (d) does not result in this case.*
4. *This data is in the public interest to understand how taxpayers' money is being used to deliver an efficient and successful health outcome”.*

4. On the 11th August 2022, the Public Authority reconfirmed its position by stating that “[t]he Department for Health Regulations retains its position that inspection reports are exempt”.

FREEDOM OF INFORMATION APPLICATION

5. The applicant was not satisfied with the Public Authority’s decision and, on the 11th August 2022, applied for a decision notice pursuant to article 23(1)(a) of the Act, requesting the Information and Data Protection Commissioner (the “**Commissioner**”) to decide whether the Public Authority has dealt with his application in accordance with the requirements of the Act. The applicant outlined the same arguments provided to the Public Authority in the Internal Complaints Procedure.

INVESTIGATION

Admissibility of the Application

6. After having considered that the applicant is an eligible person in terms of article 2 of the Act and the nature and background of the freedom of information application, together with the procedural steps involved between the applicant and the Public Authority in the request for an electronic copy of “*all inspection reports for the Mater Dei ART clinic and licensing reports (carried out in conjunction with the EPA/Superintendence for Public Health) since 2014*” (the “**requested documentation**”), the Commissioner considers this freedom of information application as admissible for the purpose of article 23(2) of the Act.

The Issuance of the Information Notice

7. As part of the investigation procedure, by means of the information notice dated the 23rd August 2022, issued in terms of article 24(1)(a) of the Act, the Commissioner requested the Public Authority to provide information in relation to the freedom of information application for the purposes of enabling him to exercise his functions under the Act and to determine whether the Public Authority has complied with the requirements of the Act. In particular, the Commissioner requested the Public Authority:
 - a. to make submissions in relation to the decision taken to refuse access to the requested documentation on the basis of article 38 of the Act; and
 - b. to provide a true copy of the requested documentation.

Submissions received from the Public Authority

8. On the 26th September 2023, the Public Authority submitted the following arguments for the Commissioner to consider in the legal analysis of this case:
 - a. that it has concerns about giving the appellant the requested documents because inspection reports have always been considered as internal and confidential documents which contain confidential information about the equipment, functions and processes of clinics. For this reason, the Public Authority deemed that inspection reports are exempt by virtue of article 38 of the Act; and
 - b. that *“the appellant is stating that ‘various reports published by Mater Dei assisted reproduction clinic, as well as by the regulator Embryo Protection Authority’ make references to OHSS rates. The Public Authority is not the holder of the mentioned reports and therefore suggests that the appellant directs his request to these entities. The Public Authority has already submitted a declaration to the appellant that its ‘inspection reports do not include any OHSS data and no reports of cases on OHSS have been lodged by MDH to SPH during the past years’”*.
9. By means of an email dated the 13th October 2022, the Commissioner requested the Public Authority to provide further information and clarifications, particularly:
 - a. to provide submissions, in support of the Public Authority’s decision to refuse access to the requested documentation, and to clearly explain how the disclosure of the requested documents would or could reasonably be expected to cause harm to the protected interest; and
 - b. to explain which factors were taken into consideration when carrying out the public interest test as set forth in article 35 of the Act, in relation to the exemption invoked by the Public Authority pursuant to Part VI of the Act.
10. On the 11th November 2022, the Public Authority elaborated further by producing the following salient arguments for the Commissioner to consider in the legal analysis of the present case:

- a. that inspection reports from 2014 have no mention to Ovarian Hyperstimulation Syndrome (“OHSS”) as no cases of serious adverse reactions and events were reported to the Public Authority by Mater Dei Hospital IVF Clinic;
- b. that in line with article 35(2) of Act, the points raised during the inspections of health facilities, including IVF clinics, are of a technical and sensitive nature. The disclosure and misinterpretation of such information may jeopardise trust in health institutions and professionals. The disclosure of such information would, in the Public Authority’s opinion, be prejudicial to the manner in which inspections are conducted and to the fact that such inspections and reports thereto are intended to provide a clear picture of the situation at hand and to provide a way forward for the constant improvement of the service. Thus, the Public Authority argued that the disclosure of these inspection reports falls within the parameters of article 38(b) and article 38(c) of the Act;
- c. that the inspections of IVF facilities are carried out in line and in accordance with the EU Law and Standards. The aim of such inspections is to ensure that systems are in place to ensure the quality and safety of tissues and cells and for continual improvement to be maintained. This concept may not be fully understood by the general public and may be misinterpreted as meaning that the service given is not adequate. The benefits of disclosure in this case do not outweigh the risk of creating undue distrust of a very sensitive health service; and
- d. that several activities and responsibilities related to Mater Dei Hospital IVF Facility are carried out by third parties and contractors and disclosure of inspection reports will give details of equipment, functions and processes adopted by these parties. To this end the disclosure of these inspection reports also falls within the parameters of article 38(d) of the Act.

Submissions received from the Applicant

11. Pursuant to this Office’s internal procedure, the Commissioner provided the applicant with the opportunity to rebut the arguments made by the Public Authority. In this regard, on the 18th November 2022, the applicant submitted the following principal arguments:

- a. that the annual report of Mater Dei Hospital 2020¹ clearly refer to OHSS rates. Hence the applicant's request for information is motivated by the declarations of the national hospital's IVF unit, as laid down in its annual reports;
- b. that “[t]he IDPC should consider which information contained in these inspection reports can serve the public interest, that is, not by rendering opaque the shortcomings, if any, of the MDH IVF unit; but by a judicious release of information that shows the motivations of the Superintendence in licensing the MDH IVF unit from one year to the other”;
- c. that the Commissioner should also weigh the public taxpayers' interests in financing national health services, above those of the third-party contractors whom the Public Authority claims to be covered by Article 38(d) of the Act;
- d. that the Public Authority has to show clearly how a “substantial adverse effect” on commercial and, or industrial negotiations would occur, not vis-a-vis the third party, but for the government authority in question, and not merely state it;
- e. that the Commissioner should also consider that the Public Authority cannot use blanket exemptions to withhold information that might show an incorrect application of licensing powers; and
- f. that “[t]he IDPC should also consider the public health requirements of taxpayers who make use of MDH IVF services, and consider that judicious use of this information, if disclosed, is necessary for prospective patients on which to base their health choices, given the health threat that OHSS can pose to the patients undergoing IVF”.

Final Submissions received from the Public Authority

12. In line with the investigation procedure of this Office, on 18th November 2022, the Commissioner provided the Public Authority with the opportunity to rebut the arguments made by the applicant. In this regard, on the 25th November 2022, the Public Authority had the final opportunity to rebut the arguments of the applicant, and submitted the following salient arguments:

¹ pages 67, 68, and 110.

- a. that the Public Authority reiterates that it does not have the OHSS rates in its possession, and as previously indicated, this information should be requested from the relevant department;
- b. that the Public Authority rebuts any allegation that the Superintendent of Public Health is incorrectly applying its licensing powers, especially when a third-party licence for the operation of a private IVF Clinic was given recently. Moreover, it noted that the licensing of IVF Clinics by the Public Authority is carried in accordance with EU Laws and Standards as transposed into our laws;
- c. that whilst information may relate to equipment, functions and processes of third-parties, such equipment, functions and processes are being utilised to assist government in rendering a public health service. Considering this, divulging such information may impact any future procurement related process of the relevant authority; and
- d. that the Public Authority reiterated *“that the aim of such inspections is to ensure that systems are in place to ensure the quality and safety of tissues and cells and for continual improvement to be maintained. This concept may not be fully understood by the general public and may be misinterpreted as meaning that the service given is not adequate. The benefits of disclosure in this case do not outweigh the risk of creating undue distrust of a very sensitive health service”*.

Further Clarifications requested by the Commissioner

13. On the 30th March 2023, the Public Authority provided the Commissioner with a true copy of the requested documentation. In this regard, the Public Authority was requested to provide submissions in support of its decision to refuse access to the requested documentation based on articles 38(a) to 38(d) of the Act. The Commissioner asked the Public Authority to clearly explain how the disclosure of the requested documents could reasonably be expected to harm the protected interest, with an explanation to be provided for each respective exemption. In response, the Public Authority submitted the following main arguments:
 - a. that the Public Authority underlined its role and the importance of such role as stated in the article 8(1) and article 8(2) of the Health Act (Chapter 528 of the Laws of Malta), which lay down that:

“8. (1) There shall be established a Department for Health Regulation whose mission shall be to safeguard public health, licence, monitor and inspect the provision of healthcare services in order to ensure their quality and safety, and to recommend the standards to be met by healthcare providers and advice the Minister on matters relating to public health.

(2) The Head of this Department shall be the Superintendent of Public Health (SPH)”;

- b. that, with regard to the original freedom of information request, the Public Authority does not contain or generate any *“licensing reports”*. It only generates an inspection report, and as such, licensing reports cannot be provided;
- c. that the complainant mentions OHSS rates in his submissions; nevertheless, this was never the subject matter of his freedom of information request. Thus, should the complainant have wanted specific data, the need for such documentation and/or data should have been specified or mentioned in accordance with article 6 of the Act;
- d. that with regard to the inspection reports alluded to by the complainant, kindly be informed that such information is of a very sensitive nature for the following reasons:
 - i. that *“[d]uring inspections of entities the inspectors are given full access to premises, documentation and information. Thus, any information requested is made available (including audit reports, patient files and data, consent forms, third party agreements with suppliers, reports for incidents/non-conformances/out of specifications, complaints, plans for future commercial and clinical activities). Therefore, Inspection Reports reflect and contain all this sensitive and confidential information”*; and
 - ii. that *“[m]oreover, the inspectors communicate their report internally to the Superintendent of Public Health and with the entity concerned, so that the necessary corrective and preventive actions can be taken by the entity. Thus, the spirit of the inspection process is to safeguard patient safety and public health, whilst also for improving the quality of services provided by the entity. It is*

with this in mind that inspections are conducted, and thus they are done with an understanding of mutual trust and confidentiality”
[emphasis has been added by the Public Authority].

- e. that “[t]herefore, in a nutshell, the reason why these inspection reports fall under CAP 496 Art 38(a), (b), and (c) is because should the inspection reports be shared with third parties, there will be prejudice to the SPH and public health en masse since the trust and confidentiality within which these reports are conducted will be irreparably compromised. Such compromise will also undermine the inspection process since inspection officers will become apprehensive, failing to make certain declarations/statements as part of their work on the risk that information starts being used to attack specific individuals or private ventures, as the complainant seems to be aiming to do, rather than with the intent of improving the service, and this all to the detriment of patient safety and public health. Moreover, the mutual understanding within which the inspections were conducted will be breached and thus will lead to the entities concerned complaining or retracting their services. Thus, surely the trust with the Department of Health Regulation will be lost and the way that future inspections will be conducted will definitely be impacted. Thus, how could the SPH and public health in general continue to provide this particular Health Service (which is the sensitive topic of IVF) efficiently if such tests, reports, examinations and mode of operandi is divulged?”;
- f. that publishing Inspection Reports can impact the entities concerned commercially, since such reports include information about procedures, equipment, plans and agreements (technical and commercial) with third parties. The Public Authority submitted that, whilst information may relate to equipment, functions and processes of third parties, such equipment, functions and processes are being utilised to assist Government in rendering a national health service. Considering this, divulging such information may impact any future procurement related process of the relevant entity (article 38(d) of the Act) since applicants would be hesitant to take part in such process;
- g. that both public and private entities are treated equally, and the same standards are applied when conducting inspection reports. The only distinction is that private entities may not be required to disclose such information to the public. It’s important to mention this because if such a freedom of information request is acceded, it could significantly

disadvantage the public health services provided by the State. Service and equipment providers might prefer to work with private entities over the public sector, potentially putting public health at a significant disadvantage once again;

- h. that it's important to note that any information that may be provided to the public is already found in the procurement process and call for tender, all of which are accessible online should the complainant wish to review such processes; and
- i. that whilst referring to and reiterating previous submissions, the Public Authority emphasises that the purpose of these inspections is to ensure that the systems in place guarantee the quality and safety of tissues and cells, and for continual improvement to be maintained. This concept might not be fully comprehended by the general public, and any information reported in these reports may be misinterpreted as meaning that the service given is not adequate. In reality, these reports aim to identify areas for improvement. The benefits of disclosure in this case do not outweigh the risk of creating undue distrust of a very sensitive health service.

LEGAL ANALYSIS AND DECISION

The Freedom of Information Request

- 14. The Commissioner examined the request submitted by the applicant pursuant to article 3 of the Act, wherein the Public Authority was requested to provide copies of *“all inspection reports for the Mater Dei ART clinic and licensing reports (carried out in conjunction with the EPA/Superintendence for Public Health) since 2014”*, in electronic format. The Commissioner noted that the complainant mentions the OHSS rates in his submissions, however it is essential to highlight that this specific aspect was missing from the applicant's freedom of information request submitted on the 23rd May 2022, and therefore, will not be taken into account for the purpose of this legal analysis.
- 15. During the course of the investigation and after having analysed the submissions provided by the Public Authority, the Commissioner established that the Public Authority does not generate or maintain *‘licensing reports’*.

General Considerations

16. The Commissioner acknowledges that the spirit and scope of the freedom of information legislation is to establish a right to information in order to promote added transparency and accountability in public authorities. The legislation reflects the fundamental premise that all information held by public authorities is in principle public, save for those documents that specifically fall within the exemptions provided for by law.
17. This has been supported by the jurisprudence of the Court of Appeal in the judgment *Din l-Art Helwa vs l-Awtorita' tal-Ippjanar*², which held that “[l]-Att dwar il-Liberta' tal-*Informazzjoni hi liġi intiża biex ttiprovdi b'mod ampju iżda b'restrizzjonijiet ċari fl-istess liġi, sens ta' trasparenza u kontabilita fid-deċiżjonijiet, ordnijiet jew direttivi fl-amministrazzjoni pubblika li wara kollox qiegħda hemm għas-servizz tas-soċjeta.*” Similarly, the Court of Appeal in the judgment *Allied Newspapers Limited vs Foundation for Medical Services*³ highlighted that the “*leġiżlatur permezz tal-Kap. 496 jagħti tifsira legali u jipprovdi ċerti garanziji għat-twettiq fil-prattika tal-libertà tal-informazzjoni bhala s-sisien tal-libertà fundamentali tal-espressjoni*”.
18. Moreover, the Court of Appeal in the judgment *Allied Newspapers Limited vs Projects Malta Ltd*⁴ made reference to the parliamentary debates in relation to the freedom of information legislation, which accentuate the spirit and scope of the legislation:

*“Fi kliem l-Onor. Prim Ministru meta kien qiegħed jippilota l-Att dwar il-Libertà tal-*Informazzjoni mill-Parlament: “il-prattika kienet li l-informazzjoni tibqa' kunfidenzjali sakemm ma jkunx hemm raġuni biex isir mod ieħor. ... Bil-proposta ta' din il-liġi qegħdin naqilbu din il-prattika kompletament ta' taħt fuq, għax issa il-premessa li qegħdin inressqu għall-konsiderazzjoni tal-Qorti hija premessa li tgħid li l-informazzjoni issa se tkun sogġetta li tiġi żvelata sakemm ma jkunx hemm raġuni valida skont kriterji stabbiliti mil-liġi għaliex m'għandhiex tkun żvelata. ... It-trasparenza hija wkoll mezz ewlieni biex tiżgura li l-korruzzjoni u l-abbuż ta' poter ma jaqbdux għeruq u li jinkixfu u jinqerdu fejn ikunu preżenti.”**

² Appeal Number 7/2019, decided on the 16th May 2019.

³ Appeal Number 11/2020 LM, decided on the 18th November 2020.

⁴ Appeal Number 33/2019LM, decided on the 2nd September 2020.

Article 38(a) of the Act

19. The Public Authority cited article 38(a) of the Act as one of the reasons to justify the refusal of the documentation requested by the applicant. For this purpose, the Commissioner examined such article which provides that a document is an exempt document if its disclosure under this Act “*would, or could reasonably be expected to: prejudice the effectiveness of procedures or methods for the conduct of tests, examinations or audits by a public authority*”.
20. In its submissions, the Public Authority argued that the inspection reports contain highly sensitive and confidential information, in fact “[*d*uring inspections of entities the inspectors are given full access to premises, documentation and information. Thus, any information requested is made available (including audit reports, patient files and data, consent forms, third party agreements with suppliers, reports for incidents/non-conformances/out of specifications, complaints, plans for future commercial and clinical activities)”.
21. The Public Authority emphasised that the effectiveness of inspection procedures depends on inspectors having unrestricted access to information and conducting thorough inspections without fearing repercussions. After reviewing the submissions provided by the Public Authority and after having physically assessed the contents of the requested documents, the Commissioner established that disclosing such documentation could prejudice the effectiveness of the procedure, as such disclosure might cause inspection officers to become reluctant to make certain declarations or statements during inspections. If inspectors were to become reluctant due to concerns about disclosing sensitive information, it could jeopardise the inspections’ overarching goal of ensuring the quality and safety of healthcare services.

Article 38(b) of the Act

22. The Commissioner analysed article 38(b) of the Act, which is another legal exemption cited by the Public Authority, which prohibits the disclosure of a document if its disclosure under the Act “*would, or could reasonably be expected to: prejudice the attainment of the objects of particular tests, examinations or audits conducted or to be conducted by a public authority*”.
23. The Commissioner noted that, despite relying on article 38(b) of the Act as a legal exemption, the Public Authority failed to provide a clear and specific explanation of how the disclosure could reasonably be expected to be prejudicial in this context. Thus, this leads the Commissioner to reject this exemption.

Article 38(c) of the Act

24. The Commissioner proceeded to analyse article 38(c) of the Act which sets out that the disclosure of the requested documents “*would, or could reasonably be expected to: have a substantial adverse effect on the proper and efficient conduct of the operations of a public authority*”.
25. In its submissions, the Public Authority contended that such disclosure could negatively impact “*entities concerned commercially, since such reports include information about procedures, equipment, plans and agreements (technical and commercial) with third parties*”, potentially deterring them from participating in future procurement processes. This, in return, could affect the delivery of healthcare services.
26. The Commissioner carefully considered the concerns raised by the Public Authority regarding the misinterpretation of the requested documentation upon disclosure. After analysing such documentation, the Commissioner confirmed that it could indeed be misinterpreted as the contents are purely of a technical nature. Therefore, taking into account the Public Authority's submissions, the Commissioner recognises that the disclosure and misinterpretation of such information could effectively undermine trust in health institutions and professionals. Given that such inspection reports, most likely, will not be understood by the general public, this will lead to a situation where the services provided will be perceived as being inadequate.

Article 38(d) of the Act

27. Having analysed article 38(d) of the Act, the final legal exemption invoked by the Public Authority which provides that a document is deemed to be exempt if its disclosure would, or could reasonably be expected to **have a substantial adverse effect on the conduct of negotiations by or on behalf of the Government or another public authority** [emphasis has been added].
28. According to settled case-law, “*the particularly sensitive and essential nature of the interests protected by Article 4(1)(a) of Regulation 1049/2001⁵, combined with the fact that access must*

⁵ Article 4(1)(a) of Regulation (EC) No 1049/2001 of the European Parliament and of the Council of 30 May 2001 regarding public access to European Parliament, Council and Commission documents: “*The institutions shall refuse access to a document where disclosure would undermine the protection of: (a) the public interest as*

be refused by the institution, under that provision, if disclosure of a document to the public would undermine those interests, confers on the decision which must thus be adopted by the institution a complex and delicate nature which calls for the exercise of particular care. Such a decision therefore requires a margin of appreciation”⁶. In this context, the Court of Justice of the European Union has acknowledged that the institutions enjoy “a wide discretion for the purpose of determining whether the disclosure of documents relating to the fields covered by those exceptions could undermine the public interest”⁷.

29. In the judgement *Sophie in ’t Veld vs European Commission*⁸, it was held that “*it is possible that the disclosure of European Union positions in international negotiations could damage the protection of the public interest as regards international relations’ and ‘have a negative effect on the negotiating position of the European Union’ as well as ‘reveal, indirectly, those of other parties to the negotiations’*”. Moreover, “*the positions taken by the Union are, by definition, subject to change depending on the course of those negotiations and on concessions and compromises made in that context by the various stakeholders. The formulation of negotiating positions may involve a number of tactical considerations on the part of the negotiators, including the Union itself. In that context, it cannot be precluded that disclosure by the Union, to the public, of its own negotiating positions, when the negotiating positions of the other parties remain secret, could, in practice, have a negative effect on the negotiating position of the European Union*” [emphasis has been added].

30. The Commissioner assessed the submissions of the Public Authority explaining that the disclosure of the requested documentation would interfere with “*a number of activities and responsibilities related to MDH IVF Facility [that] are carried out by third parties and contractors and disclosure of inspection reports will give details of equipment, functions and processes adopted by these parties*”. Moreover, the Public Authority outlined that “*publishing Inspection Reports can impact the entities concerned commercially, since such reports include information about procedures, equipment, plans and agreements (technical and commercial) with third parties. The Public Authority submits that, whilst information may relate to equipment, functions and processes of third parties, such equipment, functions and processes are being utilised to assist Government in rendering a national health service. Considering*

regards: — public security, — defence and military matters, — international relations, — the financial, monetary or economic policy of the Community or a Member State;”.

⁶ Case C-266/05 P, *Sison vs Council*, decided on the 1st February 2007

⁷ Case C-350/12 P, *Council vs in ’t Veld*, decided on the 3rd July 2014

⁸ Case T-301/10, *Sophie in ’t Veld v the Commission*, decided on the 19th March 2013

this, divulging such information may impact any future procurement related process of the relevant entity (CAP 496 Art 38(d)) since applicants would be hesitant to take part in such process”. Therefore, disclosure of the requested document would undermine the protection of the public interest vis-à-vis the negotiations, as it would adversely affect any future procurement-related processes of the Public Authority..

On the basis of the foregoing, pursuant to article 23(3)(b) of the Act, the Commissioner is hereby serving a decision notice and determining that the decision taken by the Public Authority to refuse the applicant’s request for a copy “of all inspection reports for the Mater Dei ART clinic and licensing reports (carried out in conjunction with the EPA/Superintendence for Public Health) since 2014”, is only justified on the basis of article 38(a), article 38(c) and article 38(d) of the Act.

Ian
DEGUARA
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Ian Deguara
Information and Data Protection Commissioner

Right of Appeal

In terms of article 39(2) of the Act where a “*public authority on which an information notice or an enforcement notice has been served by the Commissioner may appeal to the tribunal against the notice.*”

An appeal to the Information and Data Protection Appeals Tribunal shall be made in writing and addressed to:

The Secretary
Information and Data Protection Appeals Tribunal
158, Merchants Street
Valletta.