# Fort Hare Papers

## Multidisciplinary journal of the University of Fort Hare

Vol. 19, No. 2




University of Fort Hare
*Together in Excellence*

Volume 19, No. 2, 2012

**ISSN no.** 0015-8054

First published in 1945

This volume published in October 2012

**Publisher**

Govan Mbeki Research and Development Centre
University of Fort Hare
Private Bag X1314
Alice 5700

**Subscriptions**

Subscriptions, orders and enquiries should be sent to:
The Editor: Fort Hare Papers
c/o Govan Mbeki Research and Development Centre
University of Fort Hare
Private Bag X1314
Alice 5700
Phone & Fax: 040 602 2319
E-mail: rflanegan@ufh.ac.za

*Fort Hare Papers*, Volume 19, No. 2 (2012)

## CONTENTS

### GENERAL PAPERS



### SPECIAL SECTION: MILLENNIUM DEVELOPMENT GOALS IN SUB-SAHARAN AFRICA

# An exposition of the legal issues relating to health records management in Nigeria

**Abiola Abioye**[4]

**Abstract**
Efficient health records management is crucial to health care delivery. Pertinent legal issues are involved in health records management which health records managers must be conversant with to avoid legal liability. This paper discusses legal issues such as access to health records, patient's confidentiality and retention of health records. It examines the general principles of law governing health records management and also makes reference to the provisions of the relevant laws in Nigeria and elsewhere. It concludes that the law relating to some of these aspects is still evolving in Nigeria as specific legislation on them are absent compared to what obtains in some developed countries. Finally, it calls on stakeholders in the field of health records management to forge a common front to help develop the law in the field as a basis for providing guidelines for health care institutions in the management of health records in Nigeria.

**Keywords:** Records management, Health records, Patient's confidentiality, Records retention, FOI Law, Nigeria

## Introduction

Good health is one of the basic human requirements. It unarguably ranks top on the list of human priorities. The huge resources committed to the maintenance and sustenance of health facilities is a true testimony to the paramount role played by the health sector in the overall well-being of a nation and its people. Central to health

[1]Abiola Abioye (Ph.D), Senior Lecturer, Department of Library, Archival & Information Studies, University of Ibadan. Email: biolaabioye@yahoo.com

care delivery are data captured from which health information is generated. Information is critical to development and service delivery and it plays a no less dominant role in the health sector. Timely access to health information facilitates health care delivery. The greatest obstacle to access to information is poor records management. The health records department and the health information profession, therefore, occupy a unique position in the management and provision of health information for health care delivery.

Law has a domineering influence on virtually every field of human endeavour. There is hardly any subject or discipline without its own legal aspects, and the management and use of health records is no exception. This paper focuses on the legal aspects of health records management with particular reference to Nigeria while not being oblivious of the situation in other countries in order to emphasize the international best practice.

**Health records**

Health records constitute an important group of specialized records. They are generated in the course of health care delivery and they facilitate the functions connected thereto. Atinsola (2009) defines health records as "the scientifically compiled health facts of a patient(s) in the hospital(s) attended from the date of birth till the date of death, orderly arranged in a file jacket or case folder, which is scientifically protected and filed for easy retrieval at any time of the day". According to the American Heritage Dictionary, a health record is "a chronological written account of a patient's examination and treatment that includes the patient's medical history and complaints, the physician's physical findings, the result of diagnostic tests and procedures, and medications and therapeutic procedures". Amatayakul (2001), however, defines health records in relation to legal purpose. According to her, a legal health record (LHR) is "individually identifiable data, in any medium, collected

and directly used in and/or documenting health care or health status".

Health records are sometimes referred to as medical records. The term 'medical record', according to Huffman (1994), refers to "a compilation of pertinent facts of a patient's life and history, including past and present illness(es) and treatment(s), written by the health professionals contributing to that patient's care." As for health records, she opines that the ideal concept is that of "a single repository of all data on an individual health care consumer's health status…[which] would include birth records, immunization records, reports of all physical examinations as well as records of all illnesses and treatments performed in any health care setting." Other popular terms include hospital and patient records. It should be appreciated that these terms are not all synonymous as some are wider in scope than others. The term 'hospital records', for instance, can refer to both the housekeeping and operational records in a hospital. However the term, in a narrow context, refers to records containing such information as the personal data of a patient, the patient's history of illnesses, the doctor's notes, list of treatment and records of tests carried out. A distinction has therefore to be drawn between clinical and non-clinical records.

Whatever the context in which the term is used, good record keeping is an essential factor for good medicare. Like personnel, facilities and equipment, a good records management programme is essential to a high quality health care delivery system. The efficiency of any health facility is often a function of how easily accessible records are for decision-making.

**Records management**

Records management enhances and guarantees easy access to records for decision making. It makes for efficiency and economy in the use of recorded information and promotes transparency, accountability and good governance. In the peculiar circumstances of medical records, records management facilitates the health care

delivery system and constitutes one of the critical indices by which the performance of any health care organization can be measured. Data contained in medical records are particularly of value to the patients, health care facility, health care providers, public health officials, researchers and organizations responsible for health care claim payments (Huffman, 1994).

Benedon (1987) defines records management as the systematic control of information and records from creation to final disposition, while Penn, Pennix and Coulson (1994) define it in terms of the management of information captured in reproducible form that is required in the conduct of the business of an organisation. According to the Australian Standard AS 4390 – 1996 (now superceded by the International Records Management Standard, ISO 15489) which was the first records management standard in the world and the benchmark for defining records management, it is "the discipline and organizational function of managing records to meet operational needs, accountability requirements and community expectations". The focus of records management, as identified by the Standard, includes the following:

(a) Managing the records continuum, from the design of record keeping system to the end of records' existence.
(b) Providing a service to meet the needs and protect the interest of the organization and its clients.
(c) Capturing complete, accurate, reliable and useable documentation of organizational activity to meet legal, evidential and accountability requirements.
(d) Promoting efficiency and economy, both in the management of records and in organizational activity as a whole, through sound record keeping practices.

Records management, therefore, entails the control of records throughout their life cycle as illustrated in Figure 1.

The essence of records management is to make records serve the purposes warranting their creation as cheaply and efficiently as possible and to dispose of them as soon as they have served their primary purposes.

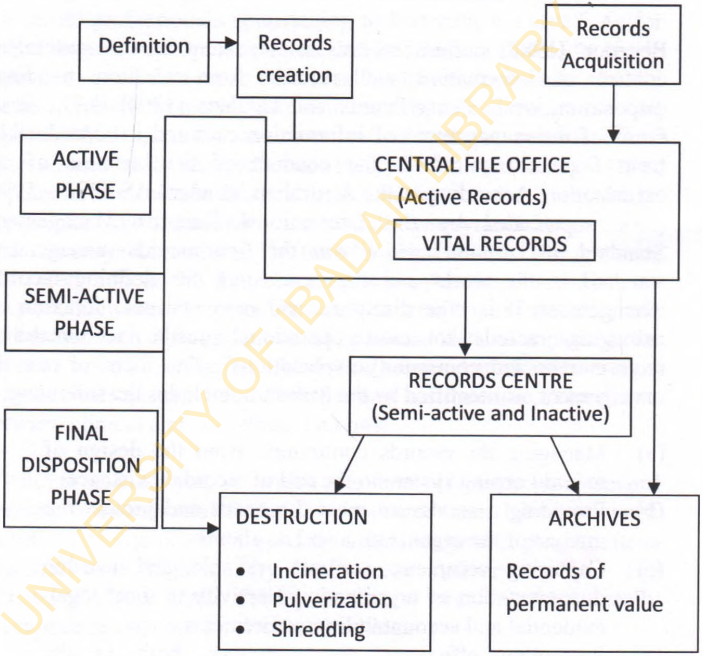


**Figure 1: Records Life Cycle Management Model**

**Legal Issues**

Health records management has its own legal aspects which are regulated by legislation, regulations and policies. The common legal issues in health records management relate to access, confidentiality and records retention. In developed countries of the world, legislation is well-developed on various aspects of health records management while in developing countries, particularly Nigeria, specific legislations are still evolving. There are, however, scattered general legal provisions that have implications for health records management.

**Access**

The term 'access' has been defined as "the right, opportunity or means of finding, using or retrieving information" (International Records Management Trust, 2009). This then implies that access to records is usually not granted except with legal authorization which may be explicit or implicit. Legal authorization depends on the nature and status of records. Access to current official records is based on 'the need to know'. According to this principle, only those who have official functions to perform in relation to the records are afforded access to them. Each organization may, however, have its own policy governing access to its records. Access policy varies from one organization to another, and organizational culture plays a dominant role in facilitating access to records. Each health facility is at liberty to institute access regulations which are enforceable within the organization as long as they are not inconsistent with any applicable legal provisions. In some countries, patients have the right of access to their records. To deny a patient access to his record will, therefore, be unlawful and a contravention of his right of access. With respect to access to a patient's record by a third party, health information management professionals must be conscious of the need to protect patient privacy. In most countries, this is not only a legal but also an ethical obligation on the part of health information management professionals.

As for non-current public records that have attained the status of archives and are, in fact, in the custody of the National Archives of Nigeria, access to such records is governed by the provisions of Section 27 of the National Archives Act, 1992. Section 27 (1) of the Act grants members of the public free access to public archives in the National Archives to which there had been free access when the archives were in the custody of the public office from which they had been transferred. The Act stipulates that public archives of the age of twenty-five years and above are to be open for the inspection of the public. If health records emanating from publicly funded health care institutions are found in the National Archives, such records are to be governed by the access provisions of the Act. However, if the health facility from which they originated stipulates a longer period of closure, the National Archives is under a legal obligation to abide by such stipulation. The Act also recognizes the need to protect the privacy of individuals when it stipulates in Section 27 (3) that public archives relating to the private life of individuals are not to be made available for the inspection of members of the public except with the written permission of the persons concerned or their heirs or executors if known to the Director of National Archives. The need to seek such permission from the heirs or executors of a deceased person seems to be informed by the need to avoid any embarrassment which unauthorized access might cause to the family left behind by the deceased.

**Official Secrets**

For health facilities that are publicly owned, the provisions of the Official Secrets Act and the Public Service Rules also have implications for access to records. Section 1 of the Act stipulates that:

1. Subject to subsection (3) of this section, a person who

(a) transmits any classified matter to a person to whom he is not authorized on behalf of the government to transmit it, or
(b) obtains, reproduces or retains any classified matter which he is not authorized on behalf of the government to obtain, reproduce or retain, as the case may be, shall be guilty of an offence.

2. A public officer who fails to comply with any instructions as to the safeguarding of any classified matter which by virtue of his office is obtained by him or under his control shall be guilty of an offence.

A classified matter is defined in the Act to mean "any information or thing which under any system of security classification from time to time in use by or by any branch of government, is not to be disclosed to the public and of which disclosure to the public would be prejudicial to the security of Nigeria". It is, therefore, an offence under the Act to transmit or obtain classified information without authorization. The essence of security classification of information is to safeguard certain interest, particularly national interest and security which unrestricted access to certain information may be prejudicial to.

Complementing the Official Secrets Act is the Public Service Rules (PSR), 2006, which contains provisions protecting classified records. It stipulates that every officer is subject to the Official Secrets Act and prohibits unauthorized disclosure of official information. As a necessary safeguard against information leakage, the PSR requires every permanent secretary/head of extra-ministerial office to ensure that all officers, employees and temporary staff in his or her ministry or extra-ministerial office who have access to classified or restricted papers subscribe to the Oath

of Secrecy in the appropriate form before being granted access and that the declarations so signed are safely preserved.
Therefore, if there are classified records among the health records of a public health institution, the provisions of the Official Secrets Acts as well as those of the Public Service Rules are applicable to such records. A contravention of these provisions attracts sanctions which include criminal liability. The Official Secrets Act, for instance, stipulates a prison term of fourteen and two years on conviction on indictment and summary conviction respectively. The PSR, on the other hand, defines unauthorized disclosure of official information as a serious act of misconduct and the ultimate penalty for this is dismissal. In practical terms, there seems to be no strict compliance with the provisions of the PSR in the public service in Nigeria, particularly the provision relating to subscription to the oath of secrecy. This lapse may be an obstacle to the enforcement of the rule.

Equally important on the issue of non-disclosure of official secrets in Nigeria are the provisions of Section 97 of the Criminal Code Act which make it an offence for any person employed in the public service to publish or communicate any fact which comes to his knowledge by virtue of his office and which it is his duty to keep secret or any document which comes to his possession by virtue of his office which it is his duty to keep secret except to some person to whom he is bound to publish or communicate it. Health information management professionals in a health care facility in the public domain must, therefore, be careful not to act contrary to the spirit and letter of this Act in the management of health records.

**Patient confidentiality**

Patient confidentiality is an important legal and ethical issue not only in health information management but in health care delivery generally. Health care practitioners are under an obligation to maintain the confidentiality of health information of a patient. The code of medical ethics stipulates that information disclosed to a

physician in the course of patient-physician relationship is of utmost confidentiality. Besides, the information, in law, is privileged and must be kept secret. By extension, those saddled with the responsibility of keeping such information owe the duty of non-disclosure without authorization. Confidentiality has been defined in a simple way as the act of ensuring that information is accessible only to those authorized to have access. Huffman (1994) defines it in a simpler way to mean keeping secret. She further explains the concept of confidentiality as the sharing of information between two people to the exclusion of a third. The philosophy informing the principle of patient confidentiality is to make patients free to make frank disclosure to their physician with the knowledge that the confidentiality of the information disclosed is assured.

Citing the 1993 position paper on disclosure of the American Health Information Management Association (AHIMA), Huffman (1994) draws a distinction between confidential and non-confidential information. According to her, non-confidential information "is that which is generally common, and there is no specific request by the patient to restrict disclosure". It includes the patient's name, verification of hospitalization or outpatient services and dates of service. Confidential information, on the other hand, is "any information that derives from a clinical relationship between the patients and health care professionals". The nature of documentation, therefore, determines whether or not a patient's information is confidential and should be accorded confidential status and be treated with confidentiality. In some countries, there are data protection legislation and privacy policy which grant people (including patients) the right to have data collected about them protected and to make informed choices about who should have access to such data and under what conditions or circumstances. With respect to medical data, confidentiality and privacy are related and are often used interchangeably. Medical confidentiality is, therefore, regarded as a special case of right of

privacy (Huffman, 1994) and must be protected against unauthorized access and disclosure.

**Consent to disclose**

Disclosure of a patient's confidential information can be made with the consent of the patient or by a court order. A patient's consent to disclose information to a third party is based on the principle that the information in the medical record belongs to the patient while the media of documentation belongs to the health care facility. In other words, while the record is the physical property of the health care facility, the content is generally regarded as the property of the patient.

Consent may be express or implied. For instance, there is an implied consent that medical personnel involved in the treatment or care of a patient should have access to his or her medical records even if the patient has not given express authority. There is also an implied consent when a patient is transferred from one physician or health care facility to another since disclosure is necessary to ensure continuation of treatment. However, patient's consent, generally, should be in writing and, in addition, be an informed consent. The implication of an informed consent is that the patient is not only aware of what information is being released but also the use to which it will be put.

Express consent can be given personally by a patient or through the next-of-kin or legal representative, particularly in the case of a minor. As for a court order to make disclosure, the custodian of health information has no choice other than to comply and a patient's written consent may not be required. The relevant provisions regarding enforcing attendance of witnesses in court are contained in Sections 186 to 190 of the Criminal Procedure Act, while Section 191 of the Act stipulates the penalty for refusal of a witness to attend. That disclosure is being made based on the order of the court may, however, be a valid defence in the event of claim

for damages by a patient for unauthorized disclosure of health information relating to him. Sometimes, the circumstances may justify disclosure. For instance, the court has upheld a hospital's freedom to disclose a patient's confidential information to prevent harm to the patient or others (Vistica versus Presbyterian Hospital).

**Confidentiality and freedom of information**

In order to promote openness, transparency and the people's right to know, freedom of information (FOI) legislation is now an essential feature of a democratic society. The enactment of FOI legislation started in the 1960s even though Sweden's Freedom of Press Act of 1766 seems to be its precursor (Katuu, 2008). One of the earliest pieces of FOI legislation is the United States of America (USA) FOI Act signed into law by President Lyndon B. Johnson on 4 July 1966 (SourceWatch, 2008). In Canada, FOI legislation came into effect in 1982 with the enactment of Access to Information Act. South Africa's Promotion of Access to Information Act of 2000 is one of the earliest pieces of FOI legislation in Africa. Nigeria's FOI legislation was eventually passed by Nigeria's National Assembly and signed into law by President Goodluck Jonathan on 28 May 2011 after a long and controversial stay in the Assembly, a situation which Odinkalu (2011) described as "the most exciting legislative odyssey in postcolonial Nigeria".

In those countries where FOI legislation has existed for some time, it has transformed the landscape in information provision, particularly in the public sector. Its benefits are immense while the challenges of implementation are enormous. In the United Kingdom and South Africa, for example, the provisions of the legislation have been tested in court. The question is whether there is potential conflict between confidentiality and freedom of access to information under the FOI legislation. To answer this question, a consideration of the provisions of Nigeria's Freedom of Information Act, 2011 (hereinafter referred to as the 'Act') is essential.

Like FOI legislation in other countries, the Act grants citizens the right of access to information. It stipulates in Section 1 that "notwithstanding anything contained in any other Act, law or regulation, the right of any person to access or request information whether or not contained in any written form, which is in the custody or possession of any public official, agency or institution however described, is established". According to the provision of the section, an applicant need not demonstrate any specific interest in the information being applied for. A person entitled to the right of access can institute proceedings in a court to compel any public institution or public body to honour its obligation under the Act.

For the avoidance of doubt, the term 'public record or document' is extensively defined in Section 31 of the Act to mean 'a record in any form having been prepared, or having been or being used, received, possessed or under the control of any public or private bodies relating to matters of public interest. It is, therefore, not unlikely that, given the complexity of the Nigerian society, health information in the custody of public health care institutions may be subject of request under the FOI Act. This then raises the question of potential conflict between the Act and the provisions of other legislation protecting official records. This question can be answered by looking at Sections 27(2) and 28(1) of the Act. The purport of Section 27(2) is to protect public officers from criminal liability for unauthorized disclosure of information under the Criminal Code and the Official Secrets Act, while that of Section 28(1) is to extend the right of access under the FOI Act to classified documents within the meaning of the Official Secrets Act maintained by a public institution. The implication is that the provisions of the Criminal Code relating to unauthorized disclosure of information and those of the Official Secrets Act on access to classified information are, by and large, rendered impotent.

The Act, however, makes provisions for exemptions to the right of access in appreciation of the fact that it is not practicable to allow unfettered access to information without some other interests being jeopardized. The exemptions under the Act are in respect of information or records relating to international affairs and defence, law enforcement and investigation, and personal information. Others include third party information, professional or other privileges conferred by law and course or research material. Of particular interest to the present discourse is the exemption contained in section 14 of the Act. Section 14(1) states that:

> Subject to subsection (2), a public institution must deny an application that contains personal information and information exempted under this subsection shall include
>
> (a) files and personal information maintained with respect to clients, **patient**, residents, students or other individuals receiving social, **medical**, educational, vocational, financial, supervisory or custodial care or services directly or indirectly from public institutions.

The implication of this provision is that the sanctity of health information is still upheld under the FOI Act. Section 14(2), however, grants a public institution the power to disclose any information that contains personal information if the individual to whom it relates consents to the disclosure or if the information is publicly available. This reinforces the general principle that the consent of a patient is required to disclose patient's information to a third party.

From the foregoing, the plausible conclusion is that the potential conflict between confidentiality and freedom of information seems

to have been taken care of by the exemptions to the right of access instituted in the Act. While the FOI legislation is intended to remove impediments to access to information, particularly that in the public domain to ensure openness, other key interests that can make for stability in the society and which can be prejudiced by granting an unfettered access are thus protected through the exemptions to disclosure.

**Records retention**

Another fundamental legal issue involved in health records management relates to records retention i.e. the question of how long to retain health records. In some countries, there is specific legislation governing the retention of health records. Health care facilities are required to comply with the provisions of such legislation.

In Nigeria, the National Archives Act addresses the issue of records retention generally when it states in Section 5 that a public office shall designate an officer of such seniority as the Minister may determine to be the departmental records management officer whose functions shall include submission to the minister for approval, retention and disposal schedules applying to all records that are not covered by the general schedules provided for in Section 8(1) of the Act. The implication is that public health care facilities have the obligation of preparing retention schedules for health records which are their operational records even though the Act is silent about their retention period.

The retention period of records is dependent on applicable laws and regulations, the administrative policy of the health care facility and some other considerations.

Roach et al. (2006) identified the following as factors to consider in formulating a retention policy:

The applicable statutory and regulatory requirements.
Statutes of limitation and potential future litigation.
Requirements of the provider's professional liability insurer.
The need for medical research and teaching.
Storage capabilities.
Cost of microfilming, computerization and other long term storage methods.
Recommendations of providers-specific healthcare associations.

In some countries, there are applicable statutes and regulations which are taken into consideration in determining how long to retain records. In the United States of America (USA), for instance, there is existing legislation at both federal and state levels which has implications for records retention. Under the Medicare Conditions of Participation, for example, hospitals are required to retain the original record or a legally reproduced form for a minimum of five years (Roach et al., 2006). There are also special retention provisions relating to particular kinds of records such as X-rays as well as special procedures and provisions regarding patient records of minors and deceased persons.

All statutory and regulatory obligations must be taken into consideration and complied with in arriving at a retention period. The benchmark for compliance, as advised by Roach et al. (2006), is that which is stipulated in the applicable statutes and regulations even though the statutory and regulatory minimum retention period may be surpassed as dictated by other considerations.

**Conclusion**

The need to keep track of medical information relating to patient care has long been established. This documentation not only

facilitates communication between different categories of health care providers in the course of discharging their duty of health care provision but also serves the overall interest of the patient. Health records are therefore largely the operational records of specialized agencies or institutions saddled with the responsibility of health care delivery, which is an essential professional service. As such, their management requires special attention.

Like any other field of human endeavour, there are legal issues involved in health records management. These issues are governed by common law principles, specific and general legislation, regulations of administrative agencies and peculiar policies of health care providers. In some countries, it is even a legal requirement that medical records be kept by health care institutions. It is, therefore, imperative that health records management practitioners should be familiar with relevant statutes and regulations.

In Nigeria, specific legislation on critical legal issues is minimal or non-existent. Reliance seems therefore to be on general principles of law. Stakeholders in health records management must come together to design a programme of action that will ensure that the law in this field is well-developed in Nigeria. The Health Information Management Association of Nigeria (HIMAN), in particular, should be proactive, taking a cue from the leadership role the AHIMA is playing in the US in designing and implementing systems and standards that can ensure quality health information management. It is only by doing so that necessary guidelines can be formulated and developed into legislation that will guide and assist health care institutions in the country in the management of their health records.

**References**

Abioye, A. (2010). Confidentiality and protection of official records in the freedom of information era: Nigeria's situation. *African Journal of Library, Archives and Information Science,* 20(1): 29-39.

Access to Information Act, 1982 of Canada, http://access.farmersforjustice.com/O_the_Act.htm. Accessed 11 December, 2008.

Adamski, A. (n.d.). Information management: legal and security issues. http://www.unjin.org/Other/korebo/chapter5.pdf

Amatayakul, M. (2001). Definition of health records for legal purposes (AHIMA Practice Brief). *Journal of AHIMA,* 72(9): 88A-H.

American Heritage Medical Dictionary. http://medical-dictionary.the freedictionary.com/Health+record. Accessed 16 October, 2010.

Atinsola, E.K.T. (2009). *An overview of medical records in Nigeria.* Paper presented at a Training Workshop on Medical Records Management for Effective Health Care Delivery Services in Osun State Nigeria, Osogbo, Nigeria, 4-6 September 2009.

Australian Standard AS 4390 – 1996. http://www.archivists.org/saagroups/ers/AS 4390.ppt. Accessed 17 October, 2010.

Benedon, W. (1987). Records management – the information connection. *International Records Management Journal,* 3(3): 3-7.

Criminal Code Act, Cap C38, Laws of the Federation of Nigeria 2004.

Criminal Procedure Code, Cap C41, Laws of the Federation of Nigeria 2004.

Federal Republic of Nigeria (2006). Government White Paper on the Report of the Presidential Committee on the Review of the Public Service Rules.

Harman, L.B. (2006). *Ethical challenges in the management of health information* (2nd ed.). Sudbury, Massachusetts: Jones and Bartlett Publishers.

Huffman, E.K. (1994). *Health information management* (10th ed.). Berwyn, Illinois: Physicians' Record Company.

International Records Management Trust. (1999). *Managing hospital records*. London: International Records Management Trust.
International Records Management Trust. (2009). *Glossary of Terms*. http://irmt.org/documents/edu_training/term modules/IRMT TERM Glossaryof Terms.pdf. Accessed 6 October, 2012.

Katuu, S. (2008). Freedom of information in Kenya – a knol. http://knol.google.com/k/freedom-of-information-in-kenya//Introduction. Accessed 7 December, 2009.

McWay, D.C. (2003). *Legal Aspects of Health Information Management* (2nd ed.). New York: Thomson Demar Learning.
Nigeria's Freedom of Information Act, 2011.

Nigeria's National Archives Act, 1992.

Odinkalu, C. (2011). Nigeria's freedom of information law: how friends launched a movement. http://blog.soros.org/2011/06/Nigeria's-freedom-of-information-law-how-friends-launched-a-movement. Accessed 30 March, 2012.

Official Secrets Act Cap 03, Laws of the Federation of Nigeria 2004.

Penn, I.A., Pennix, G.B. and Coulson, J. (1994). *Records management handbook* (2nd ed.). Aldershot: Gower Publishing Limited.

Promotion of Access to Information Act of South Africa, 2000, http://www.freedominfo.org/documents/South%20PAIA.pdf. Accessed 7 December, 2009.

Rinehart-Thompson, L.A., Hjort, B.M. and Cassidy, B.S. (2012). Redefining the health information management privacy and security role. *Perspective in Health Information Journal* (Online Research Journal). Available at http://perspectives.ahima.org/index.php?option=com_content&view=article&id=146:redefining-th Accessed 7 September, 2012.

Roach, W.H. Jr., Hoban, R.G., Broccolo, B.M., Roth, A.B. and Blanchard, T.E. (2006). *Medical records and the law* (4th ed.). Sudbury: Jones and Bartlett Publishers.

SourceWatch. (2008). Freedom of Information Act (USA). http://www.sourcewatch.org/index.php?title=FreedomofInformation Act. Accessed18 December, 2008.

UK Freedom of Information Act, 2000 (c.36), http://www.opsi.gov.uk/acts/2000/ukpga_20000036_en_1 Accessed 12 December, 2008.