

**COLLEGE OF LICENSED PRACTICAL NURSES AND  
HEALTH CARE AIDES OF ALBERTA**

**IN THE MATTER OF  
A HEARING UNDER *THE HEALTH PROFESSIONS ACT*,**

**AND IN THE MATTER OF A HEARING REGARDING  
THE CONDUCT OF IZABELLA KINNEY**

**DECISION OF THE HEARING TRIBUNAL  
OF THE  
COLLEGE OF LICENSED PRACTICAL NURSES AND  
HEALTH CARE AIDES OF ALBERTA**

**IN THE MATTER OF A HEARING UNDER THE *HEALTH PROFESSIONS ACT* REGARDING THE  
CONDUCT OF IZABELLA KINNEY, LPN #31241, WHILE A MEMBER OF THE COLLEGE OF  
LICENSED PRACTICAL NURSES AND HEALTH CARE AIDES OF ALBERTA (“CLHA” or “College”)**

**DECISION OF THE HEARING TRIBUNAL**

**(1) Hearing**

The hearing was conducted via Videoconference on February 5, 2026, with the following individuals present:

**Hearing Tribunal:**

Kunal Sharma, Licensed Practical Nurse (“LPN”) Chairperson  
Patricia Geusebroek, LPN  
Deborah Gust, Public Member  
Peter Sherstan, Public Member

**Independent legal counsel for the Hearing Tribunal**

Heidi Besuijen

**Staff:**

Francesca Ghossein, Legal Counsel for the Complaints Director, CLHA  
Susan Blatz, Complaints Director, CLHA

**Regulated Member:**

Izabella Kinney, LPN (“Ms. Izabella Kinney or “Investigated Member” or “Regulated Member”)

**(2) Preliminary Matters**

When the hearing began, the Chairperson of the Hearing Tribunal advised the Regulated Member she had the right to legal counsel under section 72(1) of the Act. The Regulated Member confirmed she wished to proceed with the hearing without legal counsel.

There were no objections to the members of the Hearing Tribunal hearing the matter, and no Hearing Tribunal member identified a conflict. There were no objections to the jurisdiction of the Hearing Tribunal.

Ms. Kinney made an application pursuant to section 78(1)(a) of the Health Professions Act (“the Act”) asking that the Hearing Tribunal close the hearing to the public. Ms. Kinney also asked for consideration in respect of the publication of any decision that it may be anonymized.

In support of her application, Ms. Kinney indicated that information relating to the complaints process had been used against her by her former spouse within their small community. She advised that this had caused her significant harm and impacted her mental wellbeing. She asked that the hearing be closed to allow for a fair process and the issues to be determined on the merits submitting that the harm an open hearing would cause outweighed the public interest in having an open hearing.

The Complaints Director did not take a position in respect of Ms. Kinney's application.

The Hearing Tribunal considered section 78(1)(a) of the Act. Section 78 begins with the presumption that a hearing is open to the public but that an application can be made under section 78(1)(a) for the hearing to be held in private either entirely or in part. The information presented by Ms. Kinney largely engaged section 78(1)(a)(ii) which contemplates that a hearing may be closed to protect the safety of the person or of the public.

While the Hearing Tribunal acknowledged that the process has been a difficult one for Ms. Kinney, it was not satisfied that, on the information provided to it, that Ms. Kinney's safety was engaged in respect of whether the hearing was open. The Hearing Tribunal was mindful that an open hearing is the presumption and that it is important that hearings are open so that the public has confidence in the process by which the College engages in regulation of its members. Furthermore, as the hearing was proceeding by way of an Agreed Statement of Facts and Joint Submission on sanction, the concerns of an open hearing were lessened in that no witnesses were to be called and the Hearing Tribunal anticipated only receiving submissions from the parties in support of the agreed resolution that the Hearing Tribunal was being asked to accept.

The Hearing Tribunal accordingly decided that the hearing would remain open. It was noted that individuals attending the hearing to observe were not to participate in the hearing and if there were any issues with observers, that would be dealt with at that time. The Hearing Tribunal provided its decision to the parties during the hearing but confirmed that it would also provide written reasons as part of its decision in the matter overall.

Legal counsel for the Hearing Tribunal also addressed the request in respect of publication of any decision by the Hearing Tribunal.

Section 119(1.1) of the Act states that subject to a college's bylaws, the registrar may publish or distribute information with respect to any order made by a hearing tribunal. Further, section 135.92 addresses college websites generally including that a college must establish and maintain a website available to the public and mandates that certain information must be available on that website. Section 135.92(4) also provides that if a college chooses to publish additional information, it must have a bylaw describing the additional information that would be published.

No information was presented to the Hearing Tribunal to indicate that the CLHA's bylaws permitted it to make a direction in respect of this request. Accordingly, while the Hearing Tribunal was aware of Ms. Kinney's request, with respect to the publication of any decision, it concluded

that it did not have authority to make any such direction. Again, it was not presented with information that would suggest otherwise.

The Hearing was conducted by way of an Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and a Joint Submission on Penalty.

### **(3) Background**

Ms. Kinney has been registered as a Licensed Practical Nurse (“LPN”) with the CLHA since April 9, 2009, and was registered at all times material to the allegations.

On May 7, 2024, the CLHA received notice from Carrie Medwid, Operations Lead/ Executive Director (the “Complainant 1”), dated May 2, 2024, that the Regulated Member resigned from their employment at Big Horn Primary Care Network, Alberta (the “Employer”).

On May 16, 2024, the CLHA received a complaint from SK, member of the Public (the “Complainant 2”), about Ms. Kinney.

On May 16, 2024, the CLHA received a complaint from MB, member of the Public (the “Complainant 3”), about Ms. Kinney.

In accordance with s. 55(2)(d) the Complaints Director appointed Jasjeet Rehill, Investigator, to conduct investigations into all three complaints.

Following the conclusion of the Investigation, the receipt and review of the Investigation Reports, the Complaints Director determined there was sufficient evidence of unprofessional conduct by Ms. Kinney in all three complaints and determined that they should be jointly referred to the Hearings Director in accordance with s. 66(3)(a) of the Act. Ms. Kinney received notice that the matter was referred to a hearing, as well as a copy of the Statement of Allegations dated September 9, 2025.

A Notice of Hearing was served upon Ms. Kinney under cover letter dated October 29, 2025.

### **(4) Allegations**

The Allegations in the Statement of Allegations (the “Allegations”) are:

“It is alleged that **IZABELLA KINNEY, LPN**, while practising as a Licensed Practical Nurse engaged in unprofessional conduct by:

1. On or between October 27, 2022, to September 11, 2023, breached client privacy and confidentiality by accessing the personal and/or health information of one or more of five (5) individuals on MedAccess without justification or authorization, as follows:
  - a. Accessed client CB’s information on October 27, 2022;
  - b. Accessed client JB’s information on November 23, 2022;

- c. Accessed client GK's information on June 12, 2023;
  - d. Accessed client MB's information on one or more of August 30, 2023, and September 6, 2023; and
  - e. Accessed client IK's information on September 11, 2023.
2. On or about August 21, 2023, to November 2, 2023, attempted to access the personal and/or health information of one or more of three (3) individuals on MedAccess without justification or authorization, as follows:
    - a. attempted to access DH's information on August 21, 2023;
    - b. attempted to access DJ's information on November 2, 2023; and
    - c. attempted to access LJ's information on November 2, 2023.
  3. On or about December 6, 2022, accessed her own personal and/or health information on MedAccess without justification or authorization.

It is further alleged that this conduct constitutes "unprofessional conduct" as defined in s. 1(1)(pp)(ii) and (xii) of the *Health Professions Act*, RSA 2000, c H-7, and in particular that this conduct breaches one or more of the following:

- Standards of Practice for Licensed Practical Nurses in Canada (2020):
  - Standard 1: Professional Accountability and Responsibility, Indicators 1.1, 1.8;
  - Standard 2: Evidence-Informed Practice, Indicator 2.1;
  - Standard 3: Protections of the public through self-regulation, Indicators 3.3, 3.5;
  - Standard 4: Professional and Ethical Practice, Indicators 4.2, 4.3, 4.6.
- Code of Ethics for Licensed Practical Nurses in Canada (2013):
  - Principal 1: Responsibility to the Public, Indicator 1.1;
  - Principal 2: Responsibility to Clients, Indicators 2.1, 2.3, 2.8;
  - Principal 3: Responsibility to the Profession, Indicators 3.1, 3.3;
  - Principal 5: Responsibility to Self, Indicators 5.1, 5.3, 5.7."

## **(5) Admission of Unprofessional Conduct**

Section 70 of the Act permits Ms. Kinney to make an admission of unprofessional conduct. An admission under s. 70 of the Act must be acceptable in whole or in part to the Hearing Tribunal.

Ms. Kinney acknowledged unprofessional conduct to all the allegations as evidenced by her signature on the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct. Ms. Kinney verbally admitted unprofessional conduct to all the allegations set out in the Statement of Allegations during the hearing.

Legal Counsel for the Complaints Director submitted, where there is an admission of unprofessional conduct, the Hearing Tribunal should accept the admission absent exceptional circumstances.

**(6) Exhibits**

The following exhibits were entered at the hearing:

- Exhibit #1: Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct.
- Exhibit #2: Joint Submission on Penalty.

**(7) Evidence**

The evidence was adduced by way of Agreed Statement of Facts, and no witnesses were called to give *viva voce* testimony. The Hearing Tribunal accepts the evidence set out in the Agreed Statement of Facts which was admitted as Exhibit #1.

**(8) Decision of the Hearing Tribunal and Reasons**

The Hearing Tribunal is aware it is faced with a two-part task in considering whether Ms. Kinney is guilty of unprofessional conduct. First, the Hearing Tribunal must make factual findings as to whether the alleged conduct occurred. If the alleged conduct occurred, it must then proceed to determine whether that conduct rises to the threshold of unprofessional conduct in the circumstances.

The Hearing Tribunal has reviewed the documents included in Exhibit #1 and finds as facts the events as set out in the Agreed Statement of Facts.

The Hearing Tribunal also accepts Ms. Kinney's admission of unprofessional conduct as set out in the Agreed Statement of Facts as described above. Based on the evidence and submissions before it, the Hearing Tribunal did not identify exceptional circumstances that would justify not accepting the admission of unprofessional conduct from Ms. Kinney.

**Allegation 1**

Ms. Kinney admitted that on or between October 27, 2022, to September 11, 2023, she breached client privacy and confidentiality by accessing the personal and/or health information of one or more of five (5) individuals on MedAccess without justification or authorization, as follows:

- a. Accessed client CB's information on October 27, 2022;
- b. Accessed client JB's information on November 23, 2022;
- c. Accessed client GK's information on June 12, 2023;
- d. Accessed client MB's information on one or more of August 30, 2023 and September 6, 2023; and
- e. Accessed client IK's information on September 11, 2023.

The Hearing Tribunal reviewed Exhibit #1 and below is the Hearing Tribunal's summary of the evidence provided by the parties in the Agreed Statement of Facts and accepted by the Hearing Tribunal relating to Allegation 1. The full text of the Agreed Statement of Facts can be found within Exhibit #1.

On October 27, 2022, Ms. Kinney worked a day shift at the Hinton medical clinic from 0900 hours to 1530 hours. During this shift Ms. Kinney was assigned to attend phone calls only. However, at 1413 hours Ms. Kinney accessed the personal and/or health information of client CB. At the time CB was Ms. Kinney's partner. CB did not attend or access the services of the Hinton medical clinic on that day, and nor was CB under Ms. Kinney's care. Ms. Kinney's duties did not involve seeing any patients on October 27, 2022. Ms. Kinney accessed CB's chart without authorization and justification.

On November 23, 2022, Ms. Kinney worked a 0900 to 1530 shift at the primary care network office. At 2123 hours Ms. Kinney accessed the personal and/or health information of client JB. Ms. Kinney accessed JB's chart after hours without any reason, justification and authorization.

On June 12, 2023, Ms. Kinney worked a 0900 to 1530 shift at the primary care network office. At 0852 hours Ms. Kinney accessed the personal and/or health information of client GK, who is Ms. Kinney's minor son. GK did not attend the office and was not in Ms. Kinney's care. GK's chart was accessed by Ms. Kinney without justification and authorization as access did not relate to the care of GK and occurred prior to the start of Ms. Kinney's shift.

On August 30, 2023, Ms. Kinney worked at the primary care network office from 0900 to 1530. At 1115 hours Ms. Kinney accessed the personal and/or health information of client MB. MB is the current partner of Ms. Kinney's former spouse. On September 6, 2023, Ms. Kinney worked at the primary care network office from 0900 to 1630. Between 1030 and 1032 Ms. Kinney accessed the personal and/or health information of MB. On both occasions Ms. Kinney accessed MB's chart without justification and authorization. MB was not a client of primary care network and was not under Ms. Kinney's care.

On September 11, 2023, Ms. Kinney worked a 0900 to 1530 shift at the primary care network office. At 1714 hours, Ms. Kinney accessed the personal and/or health information of client IK, who is Ms. Kinney's daughter. IK did not attend the primary care network's office on that day and was not under Ms. Kinney's care. Ms. Kinney accessed IK's chart without justification and authorization.

Ms. Kinney's employer uses the web-based software MedAccess to manage the electronic medical records ("EMRs") of patients. MedAccess contains the personal and health information of the patients attending the facilities. Ms. Kinney had access to MedAccess, which gave her access to the EMRs of clients attending these facilities. The use of MedAccess system is tracked, logged and subjected to audits. Ms. Kinney could also access MedAccess when working from home. Ms. Kinney completed privacy training with her employer and executed a confidentiality

oath, dated August 8, 2022, outlining the expectations on the use of MedAccess and required confidentiality.

After reviewing the evidence provided in Exhibit #1, the Hearing Tribunal found that Ms. Kinney had no authorization or justification to access the personal and/or health information of client CB, client JB, client GK, client MB and client IK.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Ms. Kinney's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #1 prove that the conduct for Allegation 1 did in fact occur.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the HPA, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- iii. Contravention of another enactment that applies to the profession, and
- xii. Conduct that harms the integrity of the regulated profession.

The Hearing Tribunal is of the view that breaching patient confidentiality, without justification, and accessing personal and/or health information of five patients is unethical, particularly when those patients are not in the care of the party accessing those records.

The Hearing Tribunal finds that Ms. Kinney's conduct harms the integrity of the regulated profession because Ms. Kinney did not act in a manner which would be expected of an LPN. LPNs are expected to perform their duties competently, contributing to safe and positive practice. Ms. Kinney's actions directly compromise the LPN profession and the ability to form trusting and therapeutic relationships with patients and the public. Health records contain highly private details and information; the public has a right to expect that this information would remain private and only be accessed for the purposes of providing healthcare.

Ms. Kinney did not abide by the provisions of the Code of Ethics for Licensed Practical Nurses in Canada (2013) ("CLPNA Code of Ethics") or the 2020 Standards of Practice for Licensed Practical Nurses in Canada (the "2020 LPN Standards of Practice") as acknowledged by Ms. Kinney in the Agreed Statement of Facts and Admission of Unprofessional Conduct. The Hearing Tribunal finds the conduct in question breached the CLPNA Code of Ethics and the CLPNA Standards of Practice and did not demonstrate the competence expected of Ms. Kinney.

The conduct breached the following principles and standards set out in the CLPNA Standards of Practice and the CLPNA Code of Ethics:

## **2020 LPN Standards of Practice:**

**Standard 1:** Professional Accountability and Responsibility – LPNs are accountable and responsible for their practice and conduct to meet the standards of the profession and legislative requirements:

1.1 Practice within applicable legislation, regulations, by-laws, and employer policies.

1.8 Are accountable and responsible for their own practice, conduct, and ethical decision-making.

**Standard 2:** Evidence-informed Practice – LPN’s apply evidence-informed knowledge in practice:

2.1 Attain and maintain evidence-informed knowledge to support critical thinking and professional judgement.

**Standard 3:** Protection of the public through self-regulation. Licensed Practical Nurses collaborate with clients and other members of the health care team to provide safe care and improve health outcomes.

3.3 Lead and contribute to a practice culture that promotes safe, inclusive, and ethical care.

3.5 Understand and accept the responsibility of self-regulation by following the standards of practice, the code of ethics, and other regulatory requirements.

**Standard 4:** Professional and Ethical Practice. Licensed Practical Nurses adhere to the ethical values and responsibilities described in the Canadian Council for Practical Nurse Regulators (CCPNR) Code of Ethics

4.2 Identify ethical issues and respond in the interest of the public.

4.3 Advocate for the protection and promotion of clients’ right to autonomy, confidentiality, dignity, privacy, respect, and access to care and personal health information.

4.6 Demonstrate practice that upholds the integrity of the profession.

## **CLPNA Code of Ethics**

**Principle 1:** Responsibility to the Public - Licensed Practical Nurses, as self-regulating professionals, commit to provide safe, effective, compassionate, and ethical care to members of the public. Principle 1 specifically provides that LPNs:

1.1 Maintain standards of practice, professional competence, and conduct.

**Principle 2:** Responsibility to Clients – Licensed Practical Nurses provide safe and competent care for their clients. Principle 2 specifically provides that LPNs:

2.1 Respect the right and responsibility of clients to be informed and make decisions about their health care.

2.3 Respect and protect client privacy and hold in confidence information disclosed except in certain narrowly defined exceptions.

2.3.1 Safeguard health and personal information by collection, storing, using and disclosing it in compliance with relevant legislation and employer policies.

2.3.2 Report any situation where private or confidential information is accessed or disclosed without appropriate consent or legal authority, whether deliberately or through error.

2.8 Use evidence and judgement to guide nursing decisions.

**Principle 3:** Responsibility to the Profession – LPNs have a commitment to their profession and foster the respect and trust of their clients, health care colleagues and the public. Principle 3 specifically provides that LPNs:

3.1 Maintain the standards of the profession and conduct themselves in a manner that upholds the integrity of the profession.

3.3 Practice in a manner that is consistent with the privilege and responsibility of self-regulation.

**Principle 5:** Responsibility to Self, Ethical Responsibilities – LPNs recognize and function within their personal and profession competence and value system. Principle 5 specifically provides that LPNs:

5.1 Demonstrate honesty, integrity and trustworthiness in all interactions.

5.3 Accept responsibility for knowing and acting consistently with the principles, practice standards, laws and regulations under which they are accountable.

5.7 Prevent or manage conflict of interest situations.

The privacy of health information is an integral aspect of providing care. Accessing information of individuals outside of the need to provide care is inconsistent with the privilege and responsibility of self-regulation. It undermines the dignity and autonomy of those who expect that this deeply personal and private information will remain private and is protected by those it is entrusted with. This conduct falls below the requirements of the CLPNA Standards of Practice and CLPNA Code of Ethics. For these reasons, the Hearing Tribunal concluded that Ms. Kinney has also breached the CLPNA Code of Ethics and the CLPNA Standards of Practice.

Ms. Kinney admitted that her conduct contravened the *Health Information Act*, RSA 2000, c H-5 (“HIA”), specifically, sections 25 and 27 (1), governing the use of health information.

Section 25 – No custodian shall use health information except in accordance with this Act.

Section 27(1) – A custodian may use individually identifying health information in its custody or under its control for the following purposes:

- (a) providing health services;
- (b) determining or verifying the eligibility of an individual to receive a health service;

A breach of the HIA is unprofessional conduct pursuant to section 1(1)(pp)(iii) of the Act.

### Allegation 2

This allegation was withdrawn by the Complaint’s Director.

### Allegation 3

Ms. Kinney admitted that on or about December 6, 2022, she accessed her own personal and/or health information on MedAccess without justification or authorization.

On December 6, 2022, Ms. Kinney worked a 0900 to 1530 shift at the primary care network. At 0812 hours Ms. Kinney accessed her own personal and/or health information on MedAccess without justification and authorization. The access occurred outside of Ms. Kinney’s shift and Ms. Kinney was not allowed to use the employers’ EMR software to access her own records.

The Hearing Tribunal considered and found that the evidence included in Exhibit #1 proves that the conduct for Allegation 3 did in fact occur.

The Hearing Tribunal considered and found that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the HPA, in particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;
- iii. Contravention of another enactment that applies to the profession, and
- xii. Conduct that harms the integrity of the regulated profession.

The Hearing Tribunal found that Ms. Kinney displayed a serious lack of professionalism and judgment when she accessed her own personal and/or health information on Medaccess without justification and authorization. This conduct falls well below the expectations of an LPN. Ms. Kinney’s conduct harms the integrity of the regulated profession as Ms. Kinney did not act in a manner which would be expected of an LPN.

Ms. Kinney did not abide by the provisions of the CLPNA Code of Ethics or the CLPNA Standards of Practice.

For the reasons discussed above, this conduct also harms the integrity of the profession. Ms. Kinney’s conduct breached the principles and standards of the CLPNA Code of Ethics and the

CLPNA Standards of Practice, as set out above under Allegation 1, and the same reasoning expressed there applies to Allegation 3. Such breaches are sufficiently serious to constitute unprofessional conduct.

Again, Ms. Kinney's conduct also constituted a breach of the HIA which is further grounds for finding unprofessional conduct under the Act.

**(9) Joint Submission on Penalty**

Together, the Complaints Director and Ms. Kinney proposed to the Hearing Tribunal a Joint Submission on Penalty, which was entered as Exhibit #2. The Joint Submission on Penalty proposed the following sanctions to the Hearing Tribunal for consideration:

1. The Hearing Tribunal's written decision ("the Decision") shall serve as a reprimand.
2. Within **30 days** from the date of the hearing, the Regulated Member shall read and reflect on how the following educational readings will impact their nursing practice:
  - a) Code of Ethics for Licensed Practical Nurses in Canada
  - b) Standards of Practice for Licensed Practical Nurses in Canada
  - c) The CLHA Policy: Professional Responsibility and Accountability
  - d) The CLHA Practice Guideline: Confidentiality
  - e) The CLHA Interpretive Document: Privacy Legislation in Alberta.

These documents are available on CLHA's website and will be provided. If such documents become unavailable, they may be substituted by equivalent documents approved in advance in writing by the Complaints Director.

3. Within **60 days** from the date of the hearing, the Regulated Member shall complete the following remedial education, at their own cost, and shall provide the Complaints Director with documentation confirming successful completion:
  - a) **Privacy Legislation in Alberta** available online at [MD31 | Study with CLHA](#)
  - b) **LPN Ethics Course** available online at [MD48 | Study with CLHA](#)

If such remedial education becomes unavailable, alternate remedial education may be substituted where approved in advance and in writing by the Complaints Director.

4. Within **6 months** of the date of the hearing, the Regulated Member shall pay a fine in the amount of \$400.00.

5. Within **36 months** from the date of the hearing, the Regulated Member shall pay a portion of the costs of the investigation and hearing, in the amount of \$1,500.00.
6. For the payment of the fine and costs at paragraph 4 and 5:
  - a) The Regulated Member can enter into a payment plan with the CLHA for installment payments towards the total amounts.
  - b) The fine and costs must be paid to the CLHA, whether or not the Regulated Member holds an active practice permit with the CLHA. Any outstanding costs or fines are a debt owed to the CLHA and, if not paid by the deadline indicated, may be recovered as an action in debt.
7. The orders set out above at paragraphs 2 to 5 at will appear as conditions on the Regulated Member's practice permit and the Public Registry, subject to the following:
  - a) The orders at paragraphs 2 and 3 will appear as "Conduct Monitoring Orders"; and
  - b) The orders at paragraphs 4 and 5 will appear as "Conduct Cost/Fines".
8. The conditions on the Regulated Member's practice permit and on the Public Registry will be removed upon completion of each of the requirements set out above at paragraphs 2 to 5. The CLHA will provide the required notices under s. 119 of the *Health Professions Act*.
9. The Regulated Member shall ensure their contact information with the CLHA, including home mailing address, telephone number(s), e-mail address and employment information, is up to date. The Regulated Member will keep their contact information current with the CLHA on an ongoing basis.
10. Should the Regulated Member be unable to comply with any of the deadlines for completion of the orders identified above, the Regulated Member may request an extension. The request for an extension must be submitted in writing to the Complaints Director, prior to the deadline, state a valid reason for requesting the extension, and state a reasonable timeframe for completion. The Complaints Director shall, in their sole discretion, determine whether a time extension is granted. The Regulated Member will be notified by the Complaints Director, in writing, if the extension has been granted.

11. Should the Regulated Member fail or be unable to comply with any of the above orders for penalty, or if any dispute arises regarding the implementation of these orders, the Complaints Officer may do any or all of the following:

- a) Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
- b) Treat the Regulated Member's non-compliance as information for a complaint under s. 56 of the *Health Professions Act*; or
- c) In the case of non-payment of the costs or fines, suspend the Regulated Member's practice permit until such costs and fines are paid in full or the Complaints Director is satisfied that such costs are being paid in accordance with a schedule of payment agreed to by the Complaints Director.

Legal Counsel for the Complaints Director submitted the primary purpose of orders from the Hearing Tribunal is to protect the public. The Hearing Tribunal is aware that s. 82 of the Act sets out the available orders the Hearing Tribunal can make if unprofessional conduct is found.

The Hearing Tribunal is aware that while the parties have agreed on a joint submission as to penalty, the Hearing Tribunal is not bound by that submission. Nonetheless, as the decision-maker, the Hearing Tribunal should give deference to a joint submission unless the proposed sanction is unfit, unreasonable or contrary to public interest. Joint submissions make for a better process and engage the member in considering the outcome. A rejection of a carefully crafted agreement would undermine the goal of fostering cooperation through joint submissions and may significantly impair the ability of the Complaints Director to enter into such agreements. If the Hearing Tribunal had concerns with the proposed sanctions, the proper process is to notify the parties, articulate the reasons for concern, and give the parties an opportunity to address the concerns through further submissions to the Hearing Tribunal.

The Hearing Tribunal therefore carefully considered the Joint Submission on Penalty proposed by Ms. Kinney and the Complaints Director.

**(10) Decision on Penalty and Conclusions of the Hearing Tribunal**

The Hearing Tribunal recognizes its orders with respect to penalty must be fair, reasonable and proportionate, considering the facts of this case.

The orders imposed by the Hearing Tribunal must protect the public from the type of conduct that Ms. Kinney has engaged in. In making its decision on penalty, the Hearing Tribunal considered a number of factors identified in *Jaswal v Newfoundland Medical Board*, [1986] NJ No 50 (NLSC-TD), specifically the following:

- The nature and gravity of the proven allegations
- The age and experience of the Regulated Member
- The previous character of the Regulated Member and in particular the presence or absence of any prior complaints or convictions
- The age and mental condition of the victim, if any
- The number of times the offending conduct was proven to have occurred
- The role of the Regulated Member in acknowledging what occurred
- Whether the Regulated Member has already suffered other serious financial or other penalties as a result of the allegations having been made
- The impact of the incident(s) on the victim, and/or
- The presence or absence of any mitigating circumstances
- The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice
- The need to maintain the public's confidence in the integrity of the profession
- The range of sentence in other similar cases

Applying those factors to this case:

**1. The nature and gravity of the proven allegations:**

The Hearing Tribunal considers Ms. Kinney's actions as being very serious. As an LPN, Ms. Kinney was in a position of trust over protecting patient's health and personal information. It was Ms. Kinney's responsibility to uphold this trust. Patients expect that their health and personal information will only be accessed as needed to provide care and according to legal authority to do so. LPNs are expected to always maintain this responsibility. However, Ms. Kinney failed to do so when she accessed information of five patients on six different occasions, and her own, without any justification and authorization. The Hearing Tribunal considers this a failure to meet the minimum obligations of maintaining professional accountability and responsibility. This demonstrates a need for a strong response to address these failures. Accordingly, this conduct is grave and the sanction chosen must reflect the gravity of this conduct. Therefore, the Hearing Tribunal considers this is an aggravating factor.

**2. The age and experience of the investigated member:**

Ms. Kinney was initially registered as an LPN with the CLHA on April 9, 2009. At the time of the incident, she had been an LPN for over 12 years. As such, this is not a case where allegations have been made against a young or new member of the profession. Based on Ms. Kinney's knowledge and experience as an LPN, she should have known that breaching patient confidentiality is unacceptable and illegal. The Hearing Tribunal considers this an aggravating factor demonstrating the need for significant sanctions, particularly with a remedial focus, given that Ms. Kinney may remain in the profession.

**3. The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions:**

The Hearing Tribunal is not aware of any prior complaints or convictions against Ms. Kinney. Therefore, this is a mitigating factor.

**4. The age and mental condition of the victim, if any:**

The Hearing Tribunal does not have any information about the age of the victims. However, client GK is Ms. Kinney's minor son and client IK is Ms. Kinney's daughter. In her written complaint form client MB said that there is a significant risk to her as Ms. Kinney accessed and printed her medical records. MB also works with Ms. Kinney. The Hearing Tribunal considers this an aggravating factor.

**5. The number of times the offence was proven to have occurred:**

Ms. Kinney's accessed information of five patients on six different occasions without any justification and authorization. This was not a matter of a single anomalous incident. Therefore, the Hearing Tribunal considers this an aggravating factor.

**6. The role of the investigated member in acknowledging what occurred:**

The Hearing Tribunal takes into consideration that Ms. Kinney acknowledged that the conduct found relating to the allegations was unprofessional. Ms. Kinney worked with the Complaints Director on an Agreed Statement of Facts and a Joint Submission on Penalty. Ms. Kinney cooperated during the investigation. This demonstrates accountability and Ms. Kinney willingness to take responsibility for her actions. The Hearing Tribunal considers this a mitigating factor.

**7. Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made:**

The Hearing Tribunal was not provided with any information if Ms. Kinney has suffered any serious financial or other penalties.

**8. The presence or absence of any mitigating circumstances:**

The Hearing Tribunal was not made aware of any mitigating circumstances.

**9. The impact of the incidents on the victim:**

The access of private, personal health information undermines the autonomy and dignity of the individuals involved. This is an aggravating factor.

**10. The need to promote specific and general deterrence and, thereby to protect the public and ensure safe and proper practice:**

The Hearing Tribunal believes that there is a need to impose a sanction that deters Ms. Kinney from repeating this conduct again, as well as a sanction that would deter other LPNs from engaging in similar conduct. The sanctions that are ordered should send a message to both Ms. Kinney, as well as other LPNs, that this type of conduct will not be tolerated.

There are two aspects to deterrence. The first is specific deterrence, meaning that the orders imposed ought to deter the member from repeating this conduct in the future. The second aspect of deterrence is general deterrence, meaning that the orders ought to deter other members of the profession from engaging in similar conduct. A professional discipline hearing involves not just the individual, but it also affects the individual's conduct on their patients, colleagues, and the profession. This public dimension is of critical significance.

Ms. Kinney should have been aware that she was breaching confidentiality when she accessed information of five patients without any justification and authorization. The orders sought by the Complaints Director are designed to assist Ms. Kinney to avoid conducting herself in such a manner again by imposing a remedial sanction. The orders also reflect an appropriate response to the unprofessional conduct at issue and will also serve as general deterrence for other members of the profession. It will send a message to other members of the profession that this conduct is unacceptable and that such conduct will not be tolerated, and it will be addressed with appropriate sanctions.

**11. The need to maintain the public's confidence in the integrity of the profession:**

LPNs are recognized as independent and capable members of the healthcare team that appreciate the privilege of being a self-regulating profession. The public needs to be reassured that this standard is upheld in each case. The Hearing Tribunal understands that it is important to hold the members of the CLHA to the standards expected of them. This is particularly the case regarding fundamental aspects of an LPN's practice as is the case in relation to maintaining privacy. The Hearing Tribunal must consider what message it will send to the public to maintain confidence in the profession. The public would therefore expect a Hearing Tribunal to sanction Ms. Kinney in a manner that would deter such conduct from occurring again and which demonstrates that the regulator has taken the conduct seriously. The orders the parties have presented will maintain the public's confidence in the integrity of the profession.

**12. The range of sentences in other similar cases:**

Counsel for the Complaints Director provided three prior decisions with respect to members of the CLHA and College of Dental Surgeons of Alberta (CDSA) in furtherance of the Complaints Director's submissions.

In the first CLPNA decision from May 2023, the member admitted to accessing records of 71 patients without authorization. The parties agreed to a sanction including a reprimand, fine of \$1500.00 and 25% of the costs of the investigation and hearing to be paid within 36 months.

In the second CLPNA decision from November 2023, the member admitted to accessing records of 84 patients without authorization. The parties agreed to a sanction including a reprimand, \$1500.00 fine and 25% of the costs of the investigation and hearing, to be paid within 36 months.

In the CDSA decision from January 2024, the court awarded \$60,000.00 for disciplinary proceedings to be paid by Dr. C over a reasonable period as agreed by Dr C and the Complaints Director.

The decisions provided by counsel for the Complaints Director indicate that sanctions focusing on remedial education and an order for costs are appropriate in similar situations.

It is important for the profession of LPNs to maintain the CLHA Code of Ethics and the Standards of Practice, and in doing so, to protect the public. The Hearing Tribunal has considered this in the deliberation of this matter and again considered the seriousness of Ms. Kinney's actions. The penalties ordered in this case are intended, in part, to demonstrate to the profession and the public that unprofessional conduct such as this will not be tolerated and it is intended that these orders will, in part, act as a deterrent to others.

The Hearing Tribunal is of the view the proposed penalties adequately balance the factors referred to in the Jaswal decision and are consistent with the overarching mandate of the Hearing Tribunal, which is to ensure the public is protected. After considering the proposed orders for penalties, the Hearing Tribunal finds the submission on penalties is appropriate, reasonable and serves the public interest and therefore accepts the proposed penalties.

#### **(11) Orders of the Hearing Tribunal**

The Hearing Tribunal is authorized under s. 82(1) of the Act to make orders in response to findings of unprofessional conduct. The Hearing Tribunal makes the following orders pursuant to s. 82 of the Act:

1. The Hearing Tribunal's written decision ("the Decision") shall serve as a reprimand.
2. Within **30 days** from the date of the hearing, the Regulated Member shall read and reflect on how the following educational readings will impact their nursing practice:
  - a) Code of Ethics for Licensed Practical Nurses in Canada
  - b) Standards of Practice for Licensed Practical Nurses in Canada
  - c) The CLHA Policy: Professional Responsibility and Accountability
  - d) The CLHA Practice Guideline: Confidentiality

e) The CLHA Interpretive Document: Privacy Legislation in Alberta.

These documents are available on CLHA's website and will be provided. If such documents become unavailable, they may be substituted by equivalent documents approved in advance in writing by the Complaints Director.

3. Within **60 days** from the date of the hearing, the Regulated Member shall complete the following remedial education, at their own cost, and shall provide the Complaints Director with documentation confirming successful completion:
  - a) **Privacy Legislation in Alberta** available online at [MD31 | Study with CLHA](#)
  - b) **LPN Ethics Course** available online at [MD48 | Study with CLHA](#)

If such remedial education becomes unavailable, alternate remedial education may be substituted where approved in advance and in writing by the Complaints Director.

4. Within **6 months** of the date of the hearing, the Regulated Member shall pay a fine in the amount of \$400.00.
5. Within **36 months** from the date of the hearing, the Regulated Member shall pay a portion of the costs of the investigation and hearing, in the amount of \$1,500.00.
6. For the payment of the fine and costs at paragraph 4 and 5:
  - a) The Regulated Member can enter into a payment plan with the CLHA for installment payments towards the total amounts.
  - b) The fine and costs must be paid to the CLHA, whether or not the Regulated Member holds an active practice permit with the CLHA. Any outstanding costs or fines are a debt owed to the CLHA and, if not paid by the deadline indicated, may be recovered as an action in debt.
7. The orders set out above at paragraphs 2 to 5 at will appear as conditions on the Regulated Member's practice permit and the Public Registry, subject to the following:
  - a) The orders at paragraphs 2 and 3 will appear as "Conduct Monitoring Orders"; and
  - b) The orders at paragraphs 4 and 5 will appear as "Conduct Cost/Fines".

8. The conditions on the Regulated Member's practice permit and on the Public Registry will be removed upon completion of each of the requirements set out above at paragraphs 2 to 5. The CLHA will provide the required notices under s. 119 of the *Health Professions Act*.
9. The Regulated Member shall ensure their contact information with the CLHA, including home mailing address, telephone number(s), e-mail address and employment information, is up to date. The Regulated Member will keep their contact information current with the CLHA on an ongoing basis.
10. Should the Regulated Member be unable to comply with any of the deadlines for completion of the orders identified above, the Regulated Member may request an extension. The request for an extension must be submitted in writing to the Complaints Director, prior to the deadline, state a valid reason for requesting the extension, and state a reasonable timeframe for completion. The Complaints Director shall, in their sole discretion, determine whether a time extension is granted. The Regulated Member will be notified by the Complaints Director, in writing, if the extension has been granted.
11. Should the Regulated Member fail or be unable to comply with any of the above orders for penalty, or if any dispute arises regarding the implementation of these orders, the Complaints Officer may do any or all of the following:
  - a) Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
  - b) Treat the Regulated Member's non-compliance as information for a complaint under s. 56 of the *Health Professions Act*; or
  - c) In the case of non-payment of the costs or fines, suspend the Regulated Member's practice permit until such costs and fines are paid in full or the Complaints Director is satisfied that such costs are being paid in accordance with a schedule of payment agreed to by the Complaints Director.

The Hearing Tribunal believes these orders adequately balances the factors referred to in Section 10 above and are consistent with the overarching mandate of the Hearing Tribunal, which is to ensure that the public is protected.

Under Part 4, s. 87(1)(a),(b) and 87(2) of the Act, the Regulated Member has the right to appeal:

**“87(1)** An investigated person or the complaints director, on behalf of the college, may commence an appeal to the council of the decision of the hearing tribunal by a written notice of appeal that

- (a) identifies the appealed decision, and
- (b) states the reasons for the appeal.

**(2)** A notice of appeal must be given to the hearings director within 30 days after the date on which the decision of the hearing tribunal is given to the investigated person.”

**DATED THE 23<sup>rd</sup> DAY OF FEBRUARY 2026 IN THE CITY OF EDMONTON, ALBERTA.**

**THE COLLEGE OF LICENSED PRACTICAL NURSES AND HEALTH CARE AIDES OF ALBERTA**

A handwritten signature in black ink, appearing to read 'K. Sharma', written in a cursive style.

Kunal Sharma, LPN  
Chair, Hearing Tribunal