

Open Letter Regarding BCACC Governance, Member Autonomy, and Organizational Priorities

The following letter is being published publicly in the interest of transparency and accountability. A copy has also been provided directly to BCACC. While addressed to BCACC's Chief Executive Officer, the concerns raised are not mine alone, nor are they isolated. They relate to member autonomy, privacy, governance, and the relationship between BCACC and the professionals it exists to serve.

July 9th, 2026

Michael Radano
Chief Executive Officer
British Columbia Association of Clinical Counsellors
109 - 1034 Johnson Street
Victoria, B.C. V8V 3N7

Dear Mr. Radano,

I am writing in response to recent communications distributed by BCACC to its members regarding the disclosure of member billing address information to Pacific Blue Cross.

While I appreciate your apology and BCACC's acknowledgement that this matter has caused concern and distress for members, the explanation provided unfortunately does not resolve two central issues: first, that the BCACC disclosed member information to a third party without consent for a purpose that could and should have been addressed through a voluntary opt-in process; and second, that this incident is, in my view, another example of the BCACC extending its activities beyond its stated mandate.

To the first issue, this is not simply a matter of a home address being displayed in a way that was "never anticipated." The more fundamental concern is that the BCACC provided a spreadsheet of active members to Pacific Blue Cross in the first place, including billing addresses which, in some cases, were home addresses. Members were not asked. Consent was not obtained. Some members had already enrolled independently for direct billing. Others may not have wished to participate at all.

As Registered Clinical Counsellors, we are independent professionals operating independent businesses. The BCACC is a voluntary member organization, not a business management company. Decisions regarding whether to participate in direct billing, which insurers to work with, and what information should be shared with third parties are matters that should remain with individual practitioners and businesses. The BCACC's role should be to support and advocate for members, not to substitute its judgment for that of its members.

If the purpose was to assist members with direct billing, the BCACC could have sent members information about the opportunity and invited interested practitioners to opt in. That would have respected member autonomy, limited disclosure only to those who wished to participate, minimized privacy risk, and created a clear record of consent (a principle that is paramount to the profession of clinical counselling).

To the second issue, this privacy incident is further compounded by, for example, the BCACC's own acknowledgement that its complaint, inquiry, and remedial/disciplinary processes "typically take twelve months or more." Those functions are among BCACC's core responsibilities and are central to both public protection and member accountability. Viewed in that context, the disclosure of member information to facilitate direct billing is not simply an isolated privacy incident. Rather, it is illustrative of a broader governance concern: voluntary professional association increasingly exercising authority in areas that many members would reasonably expect to remain the responsibility of independent practitioners and businesses. Members are therefore

entitled to ask why the BCACC continues to expand into activities beyond its stated mandate while simultaneously acknowledging lengthy timelines in carrying out its core responsibilities.

The BCACC appears to have made a unilateral decision to disclose member information to Pacific Blue Cross for a program that members could already access independently. In my view, this reflects a broader concern regarding organizational overreach and the BCACC's willingness to act on behalf of members without first establishing clear authority, necessity, or consent.

I also remain concerned by the uncertainty this has created for members who had already enrolled with Pacific Blue Cross independently. If the BCACC has now requested that information be removed, members require clear confirmation as to whether existing direct billing registrations remain active, whether duplicate records were created, and whether any further action is required by individual practitioners or businesses.

Accordingly, I am requesting a written response addressing the following:

1. What authority did the BCACC rely upon when providing member information to Pacific Blue Cross?
2. Why was an opt-in process not used?
3. What information, specifically, was included in the spreadsheet provided to Pacific Blue Cross in January 2026?
4. Who authorized the disclosure? Was your Privacy Officer involved in this decision?
5. What assessment was undertaken to determine that sharing billing addresses was necessary?
6. Why were members not notified before their information was disclosed?
7. Has Pacific Blue Cross confirmed, in writing, that all billing address information provided by the BCACC has been removed from its systems, including any related listings, internal systems, exports, and backups?
8. Will members be provided with confirmation as to whether their individual information was accessed, by whom, and on what dates, to the extent that such information is available?
9. For members who had already independently enrolled with Pacific Blue Cross for direct billing, does the BCACC's remediation affect their enrolment status in any way?
10. What steps will the BCACC take to ensure that member information is not disclosed to third parties in the future without express member consent, beyond simply stating that "[the] BCACC will no longer provide member information to [...] third parties for verification purposes?"

Although the BCACC has stated that it has changed its processes going forward, remediation after the fact does not answer whether the disclosure was necessary or should have occurred in the first place.

This incident has damaged trust. To rebuild that trust, members require more than an apology. They require transparency, accountability, and assurance that the BCACC understands the difference between supporting members and making decisions on their behalf.

The BCACC has stated that it exists to serve and support Registered Clinical Counsellors. Meaningful service and support require openness, respect for member autonomy, and a willingness to answer difficult questions when trust has been compromised. I therefore encourage the BCACC to provide a full and public response to the concerns raised above, including the governance

framework within which it believes it is authorized to act, how it determines the appropriate scope of its authority, how it distinguishes between supporting members and exercising authority over them, and how it intends to restore confidence that they will remain focused on their stated mandate and core responsibilities.

In accordance with the complaint process established by the Office of the Information and Privacy Commissioner for British Columbia (OIPC), I respectfully request the BCACC's substantive written response within thirty (30) business days. Should a satisfactory response not be received within that timeframe, or should the response fail to adequately address the concerns raised above, I intend to pursue the remedies available through the OIPC, in addition to any other options available to me.

To be clear, while this letter is prompted by the recent disclosure of member information to Pacific Blue Cross, my concerns are not confined to that privacy incident alone. Rather, it has caused me to reflect more broadly on the BCACC's governance, its interpretation of its mandate, and what I perceive to be an increasing willingness to involve itself in matters beyond that mandate.

In addition to pursuing the privacy-related remedies above, I have instructed legal counsel to provide advice regarding the BCACC's governance, the scope of its authority as a voluntary professional association, and the legal options available to members in response to what I perceive to be a broader pattern of organizational overreach.

I look forward to your response, which may be delivered publicly or directly. My direct contact information is below my signature.

Best,

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

Leanne Toews, MA, RCC, Q.Arb

Coastality

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