

Request for Disclosure of PHI to Police Without Consent

This request is: Urgent (within 24 hours) Non-Urgent (required within 72 hours)

Police Service: _____

Printed Name of Officer: _____ Signature: _____

Mailing Address of Officer: _____ Police File #: _____

Badge Number: _____ Phone Number: _____ Date: _____

Requested method of receipt: Picked Up Mailed Disclosed Verbally

I advise (SHA facility) _____

on (date) _____ that personal health information regarding (Patient/Client/Resident name, if known) _____

(date of birth, if known) _____ is required to (one of the following three boxes must be checked):

- avoid or minimize a serious and immediate threat to any person. Police must provide information that causes the SHA to believe, on reasonable grounds, that:
- i. there is a reasonable expectation of probable harm,
 - ii. the harm constitutes damage or detriment and not mere inconvenience, and
 - iii. there is a causal connection between the disclosure of the personal health information and avoiding or minimizing the anticipated harm

The details of this are the following (include what the harm is, who the harm threatens, how disclosure of the personal health information will avoid or minimize the anticipated harm): _____

enforce or carry out a lawful investigation pursuant to the *Criminal Code* or the *Controlled Drugs and Substances Act*. The personal health information to be disclosed is limited to:

- The name, address, date of birth and telephone number of the patient/client/resident;
- The nature and severity of an injury that:
 - was suffered by the patient/client/resident or another individual; **AND**
 - is connected with the enforcement or lawful investigation.
- The location where the patient/client/resident is receiving or received a health service.

the patient/client/resident received or was offered health services as a direct result of an incident that is the subject of a lawful investigation pursuant to the *Criminal Code* or the *Controlled Drugs and Substances Act*.

The personal health information to be disclosed is limited to:

- the factual circumstances surrounding the incident that is the subject of the lawful investigation mentioned above; and
- the factual circumstances surrounding the provision of, or officer to provide, health services, and
- **must not include** the health history of the patient/client/resident prior to incident mentioned above.

Specific information being requested: _____

The above information is needed to assist with the lawful investigation because: _____

To be completed by the Department Manager/Supervisor or SHA Health Information Services

The above request was:

Granted: _____ (dd/mm/yyyy) Denied: _____ (dd/mm/yyyy)

Reason for denial: _____

If the request was granted, the following personal health information was released, in accordance with the request on this form and the Disclosure of Personal Health Information to Police procedure (SHA-07-003P3): _____

The PHI (this form) was:

Picked Up by: Police Name _____ Badge Number: _____

Mailed to: Mailing Address _____

Disclosed Verbally

SHA Team Member Printed Name: _____ Signature: _____ Date: _____

A copy of the completed form is provided to the Police, and the original is filed in the patient/client/resident chart.