Disclosure of Personal Health Information to Police **with** Consent Form

PART 1: PATIENT/CLIENT/RESIDENT INFORMATION

LAST NAME _____ FIRST NAME _____

Date of Birth: D D M M M Y Y Y Y

Address: _____
MAILING ADDRESS CITY PROVINCE POSTAL CODE

Phone Numbers: ( ) _____ HOME ( ) _____ WORK ( ) _____ CELL

PART 2: CONSENT TO DISCLOSE THE FOLLOWING INFORMATION TO THE POLICE

Date(s) and where services provided: _____

Specific personal health information you are requesting: _____

The Police Service requires the information for the purpose of: _____

_____

This consent is to disclose my own information: ☐ Yes ☐ No **If NO – complete Part 3**

Part 3: PERSON PERMITTED TO EXERCISE THE RIGHTS OF AN INDIVIDUAL

LAST NAME _____ FIRST NAME _____

Address: _____
MAILING ADDRESS CITY PROVINCE POSTAL CODE

Phone Numbers: _____ HOME _____ WORK _____ CELL

Indicate your authority to act on behalf of the individual: _____

Note: You may be required to provide documentation to prove you have the legal authority to exercise the rights of the individual.

Part 4: SIGNATURE

I understand that this consent may be withdrawn or amended at any time. A withdrawal does not have a retroactive effect. The police shall not use the personal health information disclosed to them except for the purpose specified in this consent.

Signature of person consenting: _____ Date: D D M M M Y Y Y Y

Part 5: SIGNATURE OF POLICE OFFICER

The personal health information requested can only be used for the purpose(s) specified on this form.

Police Officer's Name *(print)* _____ Badge Number: _____
LAST NAME FIRST NAME

Phone Number: _____ Agency: ☐ Local Police Service ☐ RCMP ☐ Other: _____

Police Officer's Signature: _____ Date Received: D D M M M Y Y Y Y

Part 6: OTHER

Signature of PrivacyOfficer/Designate:

_____

Client ID/Health Record #:

Date Received: D D M M M Y Y Y Y

Guideline for Completing the "Disclosure of Personal Health Information (PHI) to Police with Consent Form"

This form is to be used when police request PHI about an individual who is receiving or has received health services (a patient in a hospital, a client from community health services, or a resident in a personal care home) and consent from the individual, or a person permitted to exercise the rights of an individual, is required.

Part 1: Patient/Client/Resident Information

- Record the last name, first name, date of birth, address (in full) and phone numbers of the individual the information is about.

Part 2: Consent to Disclose the Following Information to The Police

- Specify the date(s) and where health care services were provided; include the name of the hospital, personal care home, clinic, community health centre, and/or program such as midwifery, home care, public and mental health.
- Specify the PHI that is to be disclosed.
- Indicate the purpose for which the Police Service requires the information that is to be disclosed.
- Indicate if the request is for the individual's own PHI, if so check "yes", if not check "no" and complete Part 3.

Part 3: Person Permitted to Exercise the Rights of an Individual

- Record the last name, first name, complete address and phone numbers of the person permitted to exercise the rights of an individual the information is about.
- Indicate the authority to request a correction to the PHI from the following list:

  (a) any person with written authorization from the individual to act on the individual's behalf;
  (b) a proxy appointed by the individual under The Health Care Directives Act;
  (c) a committee appointed for the individual under The Mental Health Act if the committee has the power to make health care decisions on the individual's behalf;
  (d) a substitute decision maker for personal care appointed for the individual under The Vulnerable Persons Living with a mental Disability Act if the exercise of the right relates to the powers and duties of the substitute decision make;
  (e) the parent or guardian of an individual who is a minor, if the minor does not have the capacity to make health care decisions;
  (f) if the individual is deceased, his or her Personal Representative.

  If it is reasonable to believe that no person listed in any clause above exists or is available, the adult person listed first in the following clauses who is readily available and willing to act may exercise the rights of an individual who lacks the capacity to do so:

  (a) the individual's spouse, or common-law partner, with whom the individual is cohabitating;
  (b) a son or daughter;
  (c) a parent, if the individual is an adult;
  (d) a brother or sister;
  (e) a person with whom the individual is known to have a close personal relationship;
  (f) a grandparent;
  (g) a grandchild;
  (h) an aunt or uncle;
  (i) a nephew or niece.

  Ranking: The older or oldest of two or more relatives described in any clause of the above is to be preferred to another of those relatives.

Part 4: Signature

- Signature of the patient/client/resident or the person permitted to exercise the rights of an individual (as described in Part 3).
- Record the date consent is obtained.

Part 5: Signature of Police Officer

- Police Officer must record his or her last name, first name and badge number, phone number and must specify the agency by placing a check mark in the appropriate box. If "other" is specified state the agency.
- Record the date the request is received.

Part 6: Other

- Signature of Privacy Officer/Designate.
- Record the date the request was received and the Client ID/Health Record #.
- File the completed Request to Correct PHI form on the patient's/client's/resident's health record.