



Disclosure of Personal Health Information to Police **without** Consent

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: INFORMATION REQUESTED

Date(s) and where services provided: _____

Specific personal health information being requested: _____

The personal health information is required for the following reason(s):

To prevent or lessen a risk of serious harm:

The health or safety of the individual the information is about or another individual.

Public health or public safety.

For the purpose of:

Contacting a relative or friend of an individual who is injured, incapacitated, or ill.

Assisting in identifying a deceased individual.

Informing the representative or relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual's death.

Required in anticipation of or the prosecution of an offence. (Charges must be laid or are going to be laid to rely on this purpose)

(Specify) _____

Authorized or required by an enactment of Manitoba or Canada:

Fatality Inquiries Act (Police have been appointed as an Investigator by the Medical Examiner).

Missing Persons Act

Blood Test Act

Other (Specify) _____

Part 3: 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) _____ LAST NAME FIRST NAME _____ Badge Number: _____

Phone Number: () _____ Agency: Local Police Service RCMP Other: _____

Police Officer's Signature: _____ Date Received:

D	D	M	M	M	Y	Y	Y	Y	

Part 4: OTHER

Client ID/Health Record #: _____

Signature of Privacy Officer/Designate: _____ Date Received:

D	D	M	M	M	Y	Y	Y	Y	

Guideline for Completing the “Disclosure of Personal Health Information (PHI) to Police without 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 **not** 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: Information Requested

- 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.
- Specify the reason the PHI is being requested from the following list, by placing a check mark in the appropriate box on the form.

To prevent or lessen a **risk of serious harm to:**

- the health or the safety of the individual the information is about or another individual. ← This type of request must be forwarded to the Site Privacy Officer/Advisor.
- public health or public safety. ← This type of request must be forwarded to the Site Privacy Officer/Advisor.

For the purpose of:

- contacting a relative or friend of an individual who is injured, incapacitated, or ill.
- assisting in identifying a deceased individual.
- informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual's death.

- Required in anticipation of or for use in civil or quasi-judicial proceeding to which the trustee is a party.
This type of request must be forwarded to the Privacy Officer/Advisor.

- Required in anticipation of or the prosecution of an offence. (Charges must be laid or are going to be laid to rely on this purpose) *(Specify)* ← This type of request must be forwarded to the Site Privacy Officer/Advisor.

- Authorized or required by an enactment of Manitoba or Canada. ← This type of request must be forwarded to the Site Privacy Officer/Advisor or delegate.

- *Fatality Inquiries Act*
- *Missing Persons Act*
- *Blood Test Act*
- Other *(Specify)*

The Police Officer must record the Name of the Act they are relying on.

Part 3: 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.
- Signature of police officer.

Part 4: Other

- Signature of Privacy Officer/Advisor or delegate.
- 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.