

Request for Disclosure of PHI to Police with Consent

For completion by Police:

Police Service: _____

Printed Name of Officer: _____ Signature: _____

Badge Number: _____ Phone Number: _____ Date: _____

Police File #: _____

Requested method of receipt: Picked Up Mailed Disclosed Verbally

I require the personal health information for the following purpose(s):

I agree that the information disclosed pursuant to this consent for disclosure will only be used or disclosed by the Police Service for the purpose for which it was disclosed to the Police Service, and no other purpose, unless otherwise authorized pursuant to *The Health Information Protection Act*.

For completion by the patient/client/resident:

I, (Patient/Client/Resident name) _____, (date of birth) _____, Health Services Number (HSN) _____, voluntarily give my informed consent to the disclosure of the following personal health information, including copies of my health record, to Police (examples but not a complete list include: injury being treated, facts/circumstances surrounding the injury, treatment provided, name and location of the facility at which it was administered, etc.), for the purpose described by the Police Officer in the section above.

Patient/Client/Resident Signature:

Date:

Consent on behalf of the patient/client/resident:

If you are a personal representative/personal guardian/legal custodian/proxy/substitute decision-maker/designate of the patient/client/resident, you will be asked to provide evidence of your authority to exercise that power (e.g.: guardianship order; proxy; medical decision-making documentation; excerpts from a will naming you as executor, the date and signature of the will and evidence that providing this consent relates to the administration of the estate).

On behalf of (patient/client/resident) _____, (date of birth) _____^{dd/mm/yyyy}, Health Services Number (HSN) _____, I voluntarily give my informed consent to the disclosure of the following personal health information, including copies of my health record, to Police (examples but not a complete list include: injury being treated, facts/circumstances surrounding the injury, treatment provided, name and location of the facility at which it was administered, etc.) for the purpose described by the Police Officer in the section above.

I am providing consent on behalf of the patient/client/resident in my capacity as the personal representative/personal guardian/legal custodian/proxy/substitute decision-maker/designate of the patient/client/resident, pursuant to section 56 of *The Health Information Protection Act*.

Printed Name: _____ Signature: _____

Relationship to Patient: _____

Date: _____

Click here to find the facility you need: [Acute Care Facilities Contact List](#)

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

The above request was:

Granted: _____ (dd/mmm/yyyy)

Denied: _____ (dd/mmm/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 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.