



Request for Disclosure of Personal Information to a Law Enforcement Agency, Coroner, or Hospital Representative

under the *Personal Health Information Protection Act, 2004 (PHIPA)*

Request for Disclosure of Personal Information to a:

Law Enforcement Agency	Hospital
Coroner	Representative

Request being made to:

United Counties of Prescott and Russell
 Emergency Services Department
 584 County Road 9, P. O. Box 150, Plantagenet (Ontario) K0B 1L0
 cboudreau@prescott-russell.on.ca

Disclosure of the following personal information is requested from the Emergency Services Department by the following Law Enforcement Agency, Coroner or Hospital Representative:

Date of Request Agency's, Coroner's or Representative's Name Requester's Name and Title or Badge Number

Call Information

Mr. Mrs. Ms. Miss Patient's First and Last Name: _____

Incident Location: Incident Date and Time: _____

Type of Incident: Ambulance Call Number: _____

Please indicate the information you require below:

Preferred method of access to records:

- Examine Original
 Receive a Copy

By signing the Request for Disclosure Form, I certify the request is made for the purpose of :

- an investigation by my Agency
- or
- medical care and records of the Patient

The information provided will only be used for the purpose for which it was requested.

Name (please print)

Badge Number or Coroner and Title

Signature

Phone Number

Date

Email

Questions can be addressed to: cboudreau@prescott-russell.on.ca

The personal health information contained on this form is collected pursuant to the *Personal Health Information Protection Act, 2004* (the "*Act*") and will be used for the purpose of responding to your request for access pursuant to section 54 of the *Act*. Questions about this collection should be directed to the privacy Contact Person at the Health Information Custodian where the request for access is made.