

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

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

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Request for Disclosure of Personal Information to Law Enforcement Agency	a: Request being made to: United Counties of Prescott and Russell Prescott and Russell Residence
Hospital Representative	1020 Cartier Boulevard, Hawkesbury ON K6A 1W7 PJuillet@prescott-russell.on.ca
Disclosure of the following personal information is following Law Enforcement Agency or Hospital Re	requested from the Prescott and Russell Residence by the presentative:
Date of Request Agency's or Hospital Repr	resentative's Name Requester's Name and Title or Badge Number
Resident Record Information	
Mr. Mrs. Ms. Miss Resident's Fire	st and Last Name:
Please indicate the information you require below:	
Preferred method of access to records: Examine Receive	e Original 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 Resident	
The information provided will only be used for the pur	rpose for which it was requested.
Name (please print)	Badge Number or Hospital Representative and Title
Signature	Phone Number
Date	Email

Questions can be addressed to: PJuillet@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.