

LAW ENFORCEMENT AGENCIES

Access Request Form for Personal Health Information

Personal Health Information Protection Act, 2004 (PHIPA)

SECTION 1 – INCIDENT INFORMATION

Patient First Name:

Patient Last Name:

Date of Birth (dd/mm/yyyy):

Incident Date (dd/mm/yyyy):

Incident Location:

Incident Number:

Please select the type of document you would like to request:

Ambulance Call Report

Incident Report

Additional information: Please provide a detailed description of the requested personal health information records to be disclosed by The Regional Municipality of York, along with any supporting documentation, if applicable

SECTION 2 – REQUESTER INFORMATION

Name and Title:

Badge Number:

Agency:

Station Address:

Email:

Phone Number:

By signing below, I confirm the information being requested is for a law enforcement investigation being conducted by the Agency.

Signature:

Date:

Submit requests for Ambulance Call Reports to:

The Regional Municipality of York
Community and Health Services
Paramedic and Senior Services
80 Bales Drive East
Sharon, Ontario L0G 1V0
1-877-464-9675 Ext. 74749
patients@york.ca

Submit all other requests to:

The Regional Municipality of York
Community and Health Services
Integrated Business Services Branch
Program Manager, IMAP
17150 Yonge Street - 6th Floor
Newmarket, Ontario L3Y 8V3
1-877-464-9675 Ext. 73007
chsprivacy@york.ca

