

LAW ENFORCEMENT AGENCIES

YORK REGION PARAMEDIC SERVICES

Access Request Form for Personal Health Information

Personal Health Information Protection Act, 2004 (PHIPA)

SECTION 1 – INCIDENT INFORMATION

*Patient First Name:

Patient Middle Name:

*Patient Last Name:

*Patient Date of Birth (dd/mm/yyyy):

*Incident Date (dd/mm/yyyy):

*Incident Location Street Name:

Incident Location City:

Alternative Reference Point to Incident Location:

Incident Approximate Time:

SECTION 2 – REQUESTER INFORMATION

*Requester Agency Name:

*Occurrence File Number:

Badge Number:

Requester First Name:

Requester Last Name:

Phone Number:

Extension:

Agency Address:

CONTACT INFORMATION:

*Please enter the email address where you would like to receive the requested records.

LAW ENFORCEMENT AGENCIES

YORK REGION PARAMEDIC SERVICES

Access Request Form for Personal Health Information

Personal Health Information Protection Act, 2004 (PHIPA)

TYPE OF DOCUMENTS REQUESTED:

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

Ambulance Call Report

Incident Report

***Additional information:** Please provide a brief incident history and any other supporting documentation, if applicable.

AUTHORITY FOR REQUEST: * (Mandatory field, please select the provision(s) below)

Please select the reason for your request:

To aid an investigation undertaken with a view to a law enforcement proceeding or there is a reasonable basis to believe that an offence may have been committed and the disclosure is to enable determination of whether to conduct such an investigation. (Personal Health Information Protection Act, 2004, sect. 43(1)(f); Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, sect. 32(g)).

To comply with a summons, order, procedural rule, or similar requirement that requires the production of the information. (Personal Health Information Protection Act, 2004, sect. 41(1)(d)(i) and (ii)).

To carry out an inspection, investigation, or similar procedure that is authorized by a warrant, PHIPA, or any other statute, for the purpose of complying with the warrant or to facilitate the inspection, investigation or similar procedure. (Personal Health Information Protection Act, 2004, sect. 43(1)(g)).

For the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. (Personal Health Information Protection Act, 2004, sect. 40(1)).

LAW ENFORCEMENT AGENCIES

YORK REGION PARAMEDIC SERVICES

Access Request Form for Personal Health Information

Personal Health Information Protection Act, 2004 (PHIPA)

ACKNOWLEDGEMENT:

By signing below, I confirm I have authority to request information on behalf of the law enforcement 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
Privacy Office
17150 Yonge Street - 6th Floor
Newmarket, Ontario L3Y 8V3
1-877-464-9675 Ext. 73007
chsprivacy@york.ca