

## **Guideline for Completing the “Disclosure of Personal Health Information to Police With Consent Form (PHI)”**

This form is to be used when police request PHI about an individual who is receiving or has received health services (a patient in a hospital, a client from community health services, or a resident in a personal care home) and consent from the individual, or a person permitted to exercise the rights of an individual, is required.

### Part 1: Patient/Client/Resident Information.

- Record the last name, first name, date of birth, address (in full) and phone numbers of the individual the information is about.

### Part 2: Consent to the Disclosure of the Following Information to the Police Service:

- Specify the date(s) and where health care services were provided; include the name of the hospital, personal care home, clinic, community health centre, and/or program such as midwifery, home care, public health and mental health.
- Specify the PHI that is to be disclosed.
- Indicate the purpose for which the Police Service requires the information that is to be disclosed..
- Indicate if the request is for the individual's own PHI, if so check “yes”, if not check “no” and complete Part 2.

### Part 3: Person Permitted to Exercise the Rights of an Individual

- Record the last name, first name, complete address and phone numbers of the person permitted to exercise the rights of an individual the information is about.
- Indicate your authority to exercise the rights of the individual from the following list.
  - (a) any person with written authorization from the individual to act on the individual's behalf;
  - (b) a proxy appointed by the individual under The Health Care Directives Act;
  - (c) a committee appointed for the individual under The Mental Health Act if the committee has the power to make health care decisions on the individual's behalf;
  - (d) a substitute decision maker for personal care appointed for the individual under The Vulnerable Persons Living with a Mental Disability Act if the exercise of the right relates to the powers and duties of the substitute decision maker;
  - (e) the parent or guardian of an individual who is a minor, if the minor does not have the capacity to make health care decisions;
  - (f) if the individual is deceased, his or her Personal Representative.

If it is reasonable to believe that no person listed in any clause above exists or is available, the adult person listed first in the following clauses who is readily available and willing to act may exercise the rights of an individual who lacks the capacity to do so:

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|--|------------------------|
| (a) the individual's spouse, or common-law partner,<br>with whom the individual is cohabiting; | (f) a grandparent;     |
| (b) a son or daughter;   | (g) a grandchild;      |
| (c) a parent, if the individual is an adult;   | (h) an aunt or uncle;  |
| (d) a brother or sister;   | (i) a nephew or niece. |
| (e) a person with whom the individual is known to<br>have a close personal relationship;       |                        |

Ranking: The older or oldest of two or more relatives described in any clause of the above is to be preferred to another of those relatives.

### Part 4: Signature of Person Consenting.

- Signature of the patient/client/resident or person permitted to exercise the rights of the individual as described in Parts 1 and 3).
- Record the date consent is obtained.

### Part 5: Signature of Police Officer.

- Police Officer must record his or her last name, first name and badge number, phone number and must specify the agency by placing a check mark in the appropriate box. If “other” is specified state the agency.
- Signature of police officer.
- Record the date the request is received.
- File the completed Disclosure of PHI to Police with Consent Form on the patient's/client's/ resident's health record.