

Guideline for Completing the “Disclosure of Personal Health Information to Police without 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 **not** 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: Information Requested

- 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 being requested.
- Specify the reason the PHI is being requested from the following list, by placing a check mark in the appropriate box on the form.

To prevent or lessen a serious and immediate threat to: **It is important to note that the threat must be serious and immediate.**

- the mental or physical health or the safety of the individual the information is about or another individual (*Specify*) **This type of request must be forwarded to the Site Privacy Officer.**
- public health or public safety (*Specify*) **This type of request must be forwarded to the Site Privacy Officer.**

For the purpose of:

- contacting a relative or friend of an individual who is injured, incapacitated, or ill
- assisting in identifying a deceased individual
- informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual's death

Or

- Required in anticipation of or for use in a civil or quasi-judicial proceeding to which the trustee is a party; **This type of request must be forwarded to the Privacy Officer.**
- Required in anticipation of or the prosecution of an offence. (*Specify*) **This type of request must be forwarded to the Site Privacy Officer.**
- Authorized or required by an enactment of Manitoba or Canada. (*Specify*) **The Police Officer must record the Name of the Act they are relying on. This type of request must be forwarded to the Site Privacy Officer.**
- Required to assist in locating an individual reported as being a missing person. ***Demographic Information ONLY.*** **This type of request must be forwarded to the Site Privacy Officer.**

Part 3: Signature of Police Officer.

- Police Officer must record his or her last name, first name, badge number, phone number, and specify 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 without Consent Form on the patient's/client's/ resident's health record.