

**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 (a patient receiving or who has received health services from a hospital, client receiving 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.

The disclosure is necessary to prevent or lessen: **(It is important to note that the threat must be serious and immediate)**

- a risk of harm to the health or safety of a minor, or
- a risk of serious harm to the health or safety of the individual the information is about or another individual, or to public health or public safety;

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.