



LAW ENFORCEMENT RECORD REQUEST FORM

(to be completed by Law Enforcement)



Section 1: Requestor

Investigator's Name _____ Badge/ID Number: _____
Telephone Number: _____
Email Address: _____
Agency: _____

Section 2: Authority to Release (to be completed by the Requestor)

- As the disclosure will *aid in an investigation* with a view to a law enforcement proceeding (**MFIPPA ss.32 (g)(i)**)
- As there is a reasonable basis to believe that an *offence may have been committed* and the disclosure will help determine whether to conduct such an investigation (**MFIPPA ss.32 (g)(ii)**)
- As there is a compelling circumstance affecting the *health and safety* of an individual (**MFIPPA ss.32(i)**)
- For *determining, assessing or confirming capacity* under the *Health Care Consent Act and/or the Substitute Decisions Act* (**PHIPA ss.43.1 (a)**)
- For the administration or enforcement of the *Drug and Pharmacies Regulation Act and/or the Regulated Health Professions Act* or an Act named in *Schedule 1* to that Act (**PHIPA ss.43.1 (b)**)
- For the administration or enforcement of the *Health and Supportive Care Providers Oversight Authority Act* (**PHIPA ss.43.1 (b.1)**)
- For the administration or enforcement of the *Drugless Practitioners Act* (**PHIPA ss.43.1 (c)**)
- For the administration or enforcement of the *Social Work and Social Service Work Act* (**PHIPA ss.43.1 (d)**)
- For subsection 63 (1) of the *Child, Youth and Family Services Act* (**PHIPA ss.43.1 (e)**)
- For complying with a *warrant or for the purpose of facilitating the inspection, investigation* or similar procedure (**PHIPA ss.43.1 (g)**)
- Due to an urgent demand for records in accordance with Section 5 of the *Missing Persons Act* (**MFIPPA ss.32(e)**)
- Due to a court order, warrant, or subpoena (attach copy)
- Other: _____

Section 3: Required Information (to be completed by the Requestor)

- Ambulance Call Report
- Operational Incident Report (statement)
- Confirmation of Individual's Residency
- Confirmation of Individual's Address
- Case Notes
- Case File
- Financial Information (i.e., includes social assistance payment history)
- Other: _____

Section 4: Urgency (to be completed by the Requestor)

- Very Urgent (i.e., should be addressed within 1 hour)
- Urgent (i.e., should be addressed within 24 hours)
- Moderate (i.e., should be addressed within 1 week)
- Somewhat (i.e., should be addressed within 2 weeks)
- Not (i.e., should be addressed within 1 month)

Section 5: Information to be (to be completed by the Requestor)

- Picked up
- Mailed
- Emailed (provide email address if different from above: _____)
- Password Protected email (provide email address: _____)
- Faxed (provide Fax Number: _____)

Section 6: Affected Individual Information (to be completed by the Requestor)

Individual's Name: _____
Individual's date of birth (if known): _____
Individual's Address (if known):: _____

Section 7: Incident Information (to be completed by the Requestor)

Date of incident: _____ Time of incident: _____
Location of incident: _____
Occurrence Number: _____

Detailed description of the information sought:

Description of the law enforcement purpose, investigation or proceeding to which the information relates:

Relevance of the information to the investigation:

Would a *notification of disclosure* to the individual **by DNSSAB** interfere with the investigation or otherwise cause significant harm? Yes No

If yes, please provide contact information of the person DNSSAB needs to coordinate the notification of disclosure with.

Section 8: Requestor's Declaration (to be completed by the Requestor)

I hereby declare that the above details and statements are true to the best of my knowledge and belief and that I understand DNSSAB will use them to determine if the information sought about the individual is to be disclosed without that individual's knowledge or consent in accordance with the relevant legislation or court order. I also understand that this information is confidential and there shall be no further disclosure without the written authorization of the individual and/or his/ her legal representative. This authorization is valid for 90 days only. It is subject to revocation by the individual and/or their legal representative at any time in writing, except to the extent that that action has been taken.

Signature of Requestor

Date

CONTACT INFORMATION

Any questions or concerns regarding PHIPA disclosure and the process or the request form please contact:
Steve Asselin, Deputy Chief – Paramedic Services
By Phone: (705) 474-5750 ext 53020
By Email: steve.asselin@dnssab-ps.ca

Any questions or concerns regarding FIPPA or MFIPPA disclosures (i.e., the process or the request form) please contact:
Matthew Campbell, Risk Management Specialist
By Phone: (705) 474-2151, ext 63139
By Email: risk@dnssab.ca

Section 8: This section to be completed by DNSSAB Staff

Description of Records Disclosed:		
Date of Authorization:	Name of Authorizing Designate:	Signature:
Date of disclosure:	Name of Privacy Head:	Signature:

NOTICE OF COLLECTION

Personal and personal health information is collected pursuant the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31, ss 38(2); Municipal Freedom of Information and Protection of Privacy Act, ss. 28(2) and the Personal Health Information Protection Act, 2004, ss. 36(1)(c). This information is collected and used for the purpose of responding to administrative and/or law enforcement requests pursuant to Freedom of Information and Protection of Privacy Act s. 42; Municipal Freedom of Information and Protection of Privacy Act, ss. 32; and/or the Personal Health Information Protection Act, 2004, ss. 43.1. Questions about this collection and use of information should be addressed to the District of Nipissing Social Services Administrative Board at 200 McIntyre Street East, North Bay, ON, P1B 8V6 or by phone at (705) 474-2151.