



LAW ENFORCEMENT RECORD REQUEST FORM

(to be completed by Law Enforcement)



Section 1: Requestor

Investigating Officer Name: _____

Badge ID Number: _____

Telephone Number: _____

Email Address: _____

Agency: _____

Division/Station: _____

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

Select from the following which clause of PHIPA, FIPPA, and/or MFIPPA applies to this request:

- ☐ PHIPA ss.43.1 (a) for the purpose of determining, assessing or confirming capacity under the Health Care Consent Act, 1996, the Substitute Decisions Act, 1992 or this Act;
- ☐ PHIPA ss.43.1 (b) to a College within the meaning of the Regulated Health Professions Act, 1991 for the purpose of the administration or enforcement of the Drug and Pharmacies Regulation Act, the Regulated Health Professions Act, 1991 or an Act named in Schedule 1 to that Act;
- ☐ PHIPA ss.43.1 (b.1) to the Authority within the meaning of the Health and Supportive Care Providers Oversight Authority Act, 2021 for the purpose of the administration or enforcement of that Act;
- ☐ PHIPA ss.43.1 (c) to the Board of Regents continued under the Drugless Practitioners Act for the purpose of the administration or enforcement of that Act;
- ☐ PHIPA ss.43.1 (d) to the Ontario College of Social Workers and Social Service Workers for the purpose of the administration or enforcement of the Social Work and Social Service Work Act, 1998;
- ☐ PHIPA ss.43.1 (e) to the Public Guardian and Trustee, the Children's Lawyer, a children's aid society, a residential placement advisory committee established under subsection 63 (1) of the Child, Youth and Family Services Act, 2017 or a designated custodian under section 223 of that Act so that they can carry out their statutory functions;
- ☐ PHIPA ss.43.1 (g) subject to the requirements and restrictions, if any, that are prescribed, to a person carrying out an inspection, investigation or similar procedure that is authorized by a warrant or by or under this Act or any other Act of Ontario or an Act of Canada for the purpose of complying with the warrant or for the purpose of facilitating the inspection, investigation or similar procedure;
- ☐ FIPPA ss. 42 (g) [wherein DNSSAB or NDHC] shall not disclose personal information in its custody or under its control except to an institution or a law enforcement agency in Canada if, (i) the disclosure is to aid in an investigation undertaken by the institution or the agency with a view to a law enforcement proceeding, or (ii) there is a reasonable basis to believe that an offence may have been committed and the disclosure is to enable the institution or the agency to determine whether to conduct such an investigation;
- ☐ MFIPPA ss. 32 (g) [wherein DNSSAB or NDHC] shall not disclose personal information in its custody or under its control except to an institution or a law enforcement agency in Canada if, (i) the disclosure is to aid in an investigation undertaken by the institution or the agency with a view to a law enforcement proceeding, or (ii) there is a reasonable basis to believe that an offence may have been committed and the disclosure is to enable the institution or the agency to determine whether to conduct such an investigation;

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

Records being Requested (Indicate by "X")

- ☐ Ambulance Call Report
- ☐ Operational Incident Report (statement)
- ☐ Confirmation of Individual's Residency
- ☐ Confirmation of Individual's Address
- ☐ Case Notes
- ☐ Other (specify below)

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)
- ☐ Note (i.e..., should be addressed within 1 month)

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

- ☐ Picked up
- ☐ Mailed
- ☐ Password Protected email (provide email address: _____)
- ☐ Faxed (provide Fax Number: _____)

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

Individual's Name:

Individual's date of birth (if known):

Individual's Address (if known)::

Date of incident:

Time of incident:

Location of incident:

Police 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:

Section 7: Investigation Details (to be completed by the Requestor)

Court order (i.e. warrant/subpoena) received and attached:

☐ Yes☐ No

Would notification of disclosure to the citizen interfere with the investigation or otherwise cause significant harm:

☐ Yes☐ No

Is this request urgent:

☐ Yes☐ No

If you selected yes above, please provide an explanation as to why it is not feasible to seek a court order:

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

By signing below, I certify that the information being requested is needed to aid an investigation that is being undertaken with a view to a law enforcement proceeding, or from which a law enforcement proceeding is likely to result.

I also understand that this information is confidential and there shall be no further disclosure without the written authorization of the patient or his/ her legal representative. This authorization is valid for 90 days only and is subject to revocation by the patient or his/her 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

By Email: risk@dnssab.ca

Section 9: This section to be completed by DNSSAB Staff

Description of Records Disclosed:

Date of Authorization (YYYY-MM-DD):	Name of Authorizing Designate	Signature:
Date of disclosure (YYYY-MM-DD):	Name of Privacy Head:	Signature: