

EM/ANB Inc.

Request for Information (version 1.1, 2018)



Applicant Information

Title: _____ Last Name: _____ First Name: _____

Name of company or organization (if applicable): _____

Mailing Address: _____

Telephone: _____ Fax*: _____

*Is this a secure fax number (not accessible to the public)? Yes No

E-mail Address**: _____

**Note: Personal Health Information will not be shared via e-mail

About Your Request

What kind of information do you want to access? Please check one.

- General information
- My own personal information
- Another individual's personal information (please attach proof that you can legally act for that person. This authorization can be in the form of a signed letter, a Power of Attorney, or other legislated authorization).

Do you want to (please check one):

- Receive a hard copy of the record?
- Receive an electronic copy of the record? (may not be possible for personal health information)
- Examine the record?

Please describe your request in as much detail as possible, including whether it is related to ambulance or extra-mural program services (see instructions). Attach additional pages if required.

Administrative Use Only

Signature _____

Date _____

Processed by:
Date:
Result:

EM/ANB Inc.

Fax: (506) 872-6570

rti@ambulancenb.ca

Note: All requests will be reviewed and processed in accordance with the Personal Health Information Privacy and Access Act and the Right to Information and Protection of Privacy Act.

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INSTRUCTIONS

Applicant Information

In this section of the form, please include:

- Your last name, first name and preferred title, if any; the name of the company or organization you are representing, if applicable;
- Your complete mailing address and your preferred telephone number should we need to contact you regarding your request; and
- A fax number or e-mail address, if any, where correspondence may be sent.

About Your Request

In this section, please:

- Check what type of information you want to access;
- Indicate whether you would like to receive a copy of the record (hard copy or electronic), or examine the record in person. Please note that personal health information will not normally be shared via e-mail.
- If applicable, attach proof that you can legally act for the person whose information you are requesting to access (if you are requesting to access information belonging to someone other than yourself);
- Provide specific details regarding the information you wish to access. If you need more space than provided, continue your description on a separate sheet. Include all that applies:
 - For general information requests, as much detail as possible about what information you are looking to obtain;
 - Patient's full name;
 - Service(s) received (ambulance or extra-mural)
 - Any identifying numbers;
 - Time period (specific date(s) if possible);
 - Location;
 - Nature of event(s);
 - Any other relevant details.

Fees

- There are no fees for requests made under the *Right to Information and Protection of Privacy Act*.

Completing and Sending your Request

- Completed, signed copies can be sent via one of the following means:

Scan to e-mail:	rti@ambulancenb.ca	fax (ambulance):	506-872-6570
Mail or in person	Manager, Local Extra-	Mail or in person	Privacy & Risk Consultant, 210
(Extra-Mural)	Mural Unit Address	(Ambulance)	John St, Suite 101, Moncton, NB, E1C 0B8

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