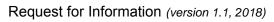
# EM/ANB Inc.





### **Applicant Information**

EM/ANB Inc.

Title: Last Name:	First Name:
Name of company or organization (if applic	cable):
Mailing Address:	
Telephone:	Fax*:
*Is this a secure fax number (not accessible t	
E-mail Address**:  **Note: Personal Health Information will no	t be shared via e-mail
About Your Request What kind of information do you want to ac	ccess? Please check one.
☐ General information	
☐ My own personal information	
·	on (please attach proof that you can legally act for that form of a signed letter, a Power of Attorney, or other
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 deta or extra-mural program services (see instruct	il as possible, including whether it is related to ambulance ions). Attach additional pages if required.
Administrative Use Only	
	Processed by:
Signature	Date:
	Result:
Date	

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.

Fax: (506) 872-6570

rti@ambulancenb.ca

## EM/ANB Inc.

Request for Information (version 1.1, 2018)



#### 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:
  - o 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);
  - o Location;
  - Nature of event(s);
  - o 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

Fax: (506) 872-6570 EM/ANB Inc. 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.