

EM/ANB Inc.

Request for Information for Investigative Purposes or Law Enforcement
under the *Personal Health Information Privacy and Access Act*
(version 2.1, 2018)



Patient Information

Name: _____

Address: _____

Applicant Information

Name: _____

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*

Signature: _____

Date: _____

If court order, subpoena, warrant or written authorization from the patient is not attached, please complete the remainder of the form.

Name(s) of the investigative officer(s): _____

Details of the information requested and the infraction being investigated (include date, time and location of incident). Attach additional pages if required.

Please list the relevant Act(s) and section(s) that provide the legal authority for requesting this information.

Authorization (Administrative Use Only)

Released by:	Signature:
Method of Delivery:	Date:

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.