

# EM/ANB Inc.

Request for Information for Investigative Purposes or Law Enforcement  
under the *Personal Health Information Privacy and Access Act*  
(v. 3, 2019)



## 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*

Is a court order, subpoena, warrant or written authorization attached?    Yes     No

**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): \_\_\_\_\_

Police File/Occurrence Number: \_\_\_\_\_

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

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Please list the relevant Act(s) and section(s) that provide the legal authority for requesting this information (ex. section of the Criminal Code of Canada or other Act under which the incident in question is listed as an offense).

Please explain why this information is needed for the investigation, and how it will support it.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### Authorization (Administrative Use Only)

<b>Received by:</b>
<b>Date:</b>