1. **PURPOSE:**

   1.1 To ensure that an Individual’s right to privacy of their personal health information including demographic information is protected during disclosure to police as set out under The Personal Health Information Act (“PHIA”).

2. **POLICY:**

   2.1 Personal health information may be disclosed to the police with consent from the individual the information is about.

   2.2 Personal health information may be disclosed to the police without consent if one of the following exceptions apply:

   2.2.1 **Disclosure about Individual’s Condition** as long as disclosure is not contrary to the express request of the individual or persons permitted to exercise the rights of the individual:

      - the individual’s name;
      - the individual’s general health status, described as critical, poor, fair, stable or satisfactory, or in terms indicating similar conditions;
      - the individual’s location, unless disclosure of the location would reveal specific information about the physical or mental condition of the individual.

   2.2.2 **Immediate Threats/Public Safety** if the Trustee reasonably believes that the disclosure is necessary to prevent or lessen a serious and immediate threat to:

      - the health or the safety of individual the information is about or another individual; or
      - public health or public safety.
2.2.3 **Notification** for the purpose of:
- contacting a relative or friend of an individual who is injured, incapacitated or ill;
- assisting in identifying a deceased individual; or
- informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances of the individual’s death.

2.2.4 **Civil or Quasi-judicial Proceedings** to which the trustee is a party, or is required in anticipation of or for use in the prosecution of an offence.

2.2.5 **Authorized Under an Enactment** if the disclosure is authorized or required by an enactment of Manitoba or Canada.

2.2.6 **Subpoena, Warrant, Court Order or Court Rule** upon proof of a valid subpoena, warrant, court order or court rule, information specifically requested may be disclosed. The site privacy officer shall manage the request.

2.2.7 **Missing Persons** to assist the police in locating an individual reported as being a missing person, the information disclosed shall be limited to demographic information only.

2.3 Police should be provided with a copy of the personal health Information rather than the original documents. However, if the police have a valid subpoena compelling the disclosure of the original document, a copy of the original document must be made and retained by the trustee prior to the original document being released.

2.4 Disclosure of personal health information shall be limited only to the extent that the recipient needs to know the information (i.e., they may not be entitled to the entire chart, perhaps only the relevant notes from a specific visit to the health care facility).

2.5 When the police request to interview an individual receiving health care, staff may not disclose personal health information unless the Individual provides consent or disclosure is allowed as set out in 2.2.2 of this policy or another enactment of Manitoba or Canada such as the Child and Family Service Act or the Criminal Code. If the individual does not consent or is unable to be interviewed due to their condition, the police shall be so informed.

2.6 The trustee shall not notify the police of an individual’s discharge unless the individual consents or the disclosure is in accordance with section 2.2 of this policy.

2.7 Staff may become aware of an event involving the individual that staff believes should be reported to the police. Disclosure of such information must be with the individual’s consent or in accordance with section 2.2.2 of this policy.

2.8 Any reporting of persons treated for a gunshot or stab wound shall be in accordance with *The Gunshot and Stab Wounds Mandatory Reporting Act*. 
3. **PROCEDURE:**

3.1. Requests for disclosure of personal health information with or without written consent shall be forwarded to the privacy officer for processing with the exception of 2.2.1, 2.2.2 and 2.2.3 of this policy.

3.2. The Privacy Officer shall review the request to determine the urgency of the request and will process accordingly.

3.3. The information that is being provided shall be documented in the individual’s chart or on the consent form.

3.4. Disclosure of Personal Health Information to Police With Consent:

3.4.1 Consent must be documented on:

- the IRHA form, “Disclosure of Personal Health Information to Police with Consent”; or
- on another form that meets the criteria for a valid consent for disclosure of personal health information

3.5. Disclosure of Personal Health Information Without Consent:

3.5.1 Completion of the following forms is required prior to release of personal health information:

- The IRHA form, “Disclosure of Personal Health Information to Police Without Consent”, or
- “Disclosure of Personal Health Information under the Fatality Inquiry Act Form”.

4.0 **REFERENCES:**

4.1 Personal Health Information (PHIA) Definition Document

4.2 The Personal Health Information Act (PHIA)

4.3 The Personal Health Information Regulations 245/97, Registered Dec. 11, 1997

4.4 The Gunshot and Stab Wound Mandatory Reporting Act

4.5 The Gunshot and Stab Wound Mandatory Reporting Act Regulation

4.6 WRHA policy – Disclosure of Personal Health Information to Police 10.40.140

5.0 **APPENDICES:**

5.1 Disclosure of Personal Health Information to Police With Consent

5.2 Disclosure of Personal Health Information to Police Without Consent

5.3 Disclosure of Personal Health Information under the Fatality Inquiry Act
**DISCLOSURE OF PERSONAL HEALTH INFORMATION TO POLICE WITH CONSENT**

**PART 1: PATIENT/CLIENT/RESIDENT INFORMATION**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
</table>

Date of Birth: [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Address: ________________________________  CITY  PROVINCE  POSTAL CODE

Phone Numbers: Home: ( )  Work: ( )  Cell: ( )

**PART 2: CONSENT TO THE DISCLOSURE OF THE FOLLOWING INFORMATION TO THE POLICE SERVICE**

Date(s) and where services provided: ________________________________

Specific personal health information being requested: ________________________________

The Police Service requires the information for the purpose of: ________________________________

This consent is to disclose my own personal health information:  □ Yes  □ No  If NO – complete Part 3.

**PART 3: PERSON PERMITTED TO EXERCISE THE RIGHTS OF AN INDIVIDUAL**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
</table>

Address: ________________________________  CITY  PROVINCE  POSTAL CODE

Phone Numbers: Home: ( )  Work: ( )  Cell: ( )

Indicate Your Authority: ________________________________

*You may be required to provide documentation to prove that you have the legal authority to exercise the rights of the individual.*

**Part 4: SIGN OFF BY PATIENT/CLIENT/RESIDENT OR PERSON PERMITTED TO EXERCISE THE RIGHTS OF AN INDIVIDUAL**

Signature of Person Consenting: ________________________________  Date: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

*I understand that this consent may be withdrawn or amended at any time. A withdrawal does not have a retroactive effect. The police shall not use the personal health information disclosed to them except for the purpose specified on this consent.*

**Part 5: SIGNATURE OF POLICE OFFICER**

Police Officer's Name (print): ________________________________  Badge Number: ________________________________

Phone Number: ( )  Agency: □ RCMP  □ City of Winnipeg  □ Other: ________________________________

Police Officer's Signature: ________________________________  Date Received: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Form# 6147 Dec. 2010  Reference: Policy GA 7 - 66  DISTRIBUTION: Original to Individual’s Health Record
Guideline for Completing the “Disclosure of Personal Health Information to Police with Consent Form (PHI)”

This form is to be used when police request PHI about an individual who is receiving or has received health services (a patient in a hospital, a client from community health services, or a resident in a personal care home) and consent from the individual, or a person permitted to exercise the rights of an individual, is required.

Part 1: Patient/Client/Resident Information.

- Record the last name, first name, date of birth, address (in full) and phone numbers of the individual the information is about.

Part 2: Consent to the Disclosure of the Following Information to the Police Service:

- Specify the date(s) and where health care services were provided; include the name of the hospital, personal care home, clinic, community health centre, and/or program such as midwifery, home care, public and mental health.
- Specify the PHI that is to be disclosed.
- Indicate the purpose for which the Police Service requires the information that is to be disclosed.
- Indicate if the request is for the individual’s own PHI, if so check “yes”, if not check “no” and complete Part 2.

Part 3: Person Permitted to Exercise the Rights of an Individual

- Record the last name, first name, complete address and phone numbers of the person permitted to exercise the rights of an individual the information is about.
- Indicate the authority to request a correction to the PHI from the following list:
  (a) any person with written authorization from the individual to act on the individual’s behalf;
  (b) a proxy appointed by the individual under The Health Care Directives Act;
  (c) a committee appointed for the individual under The Mental Health Act if the committee has the power to make health care decisions on the individual’s behalf;
  (d) a substitute decision maker for personal care appointed for the individual under The Vulnerable Persons Living with a Mental Disability Act if the exercise of the right relates to the powers and duties of the substitute decision maker;
  (e) the parent or guardian of an individual who is a minor, if the minor does not have the capacity to make health care decisions;
  (f) if the individual is deceased, his or her Personal Representative.

If it is reasonable to believe that no person listed in any clause above exists or is available, the adult person listed first in the following clauses who is readily available and willing to act may exercise the rights of an individual who lacks the capacity to do so:

(a) the individual’s spouse, or common-law partner, with whom the individual is cohabitating
(b) a son or daughter
(c) a parent, if the individual is an adult;
(d) a brother or sister;
(e) a person with whom the individual is known to have a close personal relationship;
(f) a grandparent;
(g) a grandchild;
(h) an aunt or uncle;
(i) a nephew or niece.

Ranking: The older or oldest of two or more relatives described in any clause of the above is to be preferred to another of those relatives.

Part 4: Signature of Person Consenting.

- Signature of the patient/client/resident or the person permitted to exercise the rights of an individual (as described in Part 3).
- Record the date consent in obtained.

Part 5: Signature of Police Officer.

- Police Officer must record his or her last name, first name and badge number, phone number and must specify the agency by placing a check mark in the appropriate box. If “other” is specified state the agency.
- Record the date the request is received.
- File the completed Disclosure of PHI to Police with Consent Form on the patient’s/client’s/resident’s health record.

Reference: Form # 6147 Disclosure of Personal Health Information to Police Policy # GA 7-66
DISCLOSURE OF PERSONAL HEALTH INFORMATION TO POLICE WITHOUT CONSENT

PART 1: PATIENT/CLIENT/RESIDENT INFORMATION

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
</table>

Date of Birth: 

D D M M M Y Y Y Y

Address:

STREET NAME AND NUMBER   CITY   PROVINCE   POSTAL CODE

Phone Numbers: Home: ( )   Work: ( )   Cell: ( )

PART 2: INFORMATION REQUESTED

Date(s) and where services provided:

Specific personal health information being requested:

This is required for the following reason(s):

To prevent or lessen a serious and immediate threat to:

☐ the mental or physical health or safety of the individual the information is about or another individual (Specify)

☐ public health or public safety (Specify)

For the purpose of:

☐ contacting a relative or friend of an individual who is injured, incapacitated, or ill

☐ assisting in identifying a deceased individual

☐ informing the representative or relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual’s death

OR

☐ Required in anticipation of or for use in a civil or quasi-judicial proceeding to which the trustee is a party; (Specify)

☐ Required in anticipation of or the prosecution of an offence. (Specify)

☐ Authorized or required by an enactment of Manitoba or Canada. (Specify)

☐ Required to assist in locating an individual reported as being a missing person. Demographic Information ONLY

Part 3: SIGNATURE OF POLICE OFFICER

The personal health information requested can only be used for the purpose(s) specified on this form.

Police Officer's Name (print)   LAST NAME   FIRST NAME

Phone Number: ( )   Agency:   ☐ RCMP   ☐ Other:

Police Officer's Signature:   Date Received: D D M M Y Y Y Y

Form# 6173 Dec. 2010  Reference: Policy GA 7 - 66

DISTRIBUTION: Original to Individual's Health Record
Guideline for Completing the “Disclosure of Personal Health Information to Police without Consent Form”

This form is to be used when police request PHI about an individual who is receiving or has received health services (a patient in a hospital, a client from community health services, or a resident in a personal care home) and consent from the individual, or a person permitted to exercise the rights of an individual, is not required.

Part 1: Patient/Client/Resident Information.

- Record the last name, first name, date of birth, address (in full) and phone numbers of the individual the information is about.

Part 2: Information Requested:

- Specify the date(s) and where health care services were provided; include the name of the hospital, personal care home, clinic, community health centre, and/or program such as midwifery, home care, public and mental health.
- Specify the PHI that is to be disclosed.
- Specify the reason the PHI is being requested from the following list, by placing a check mark in the appropriate box on the form.

To prevent or lessen a serious and immediate threat to: It is important to note that the threat must be serious and immediate.

- the mental or physical health or the safety of the individual the information is about or another individual (Specify)
- public health or public safety (Specify)

This type of request must be forwarded to the Site Privacy Officer.

For the purpose of:

- contacting a relative or friend of an individual who is injured, incapacitated, or ill
- assisting in identifying a deceased individual
- informing the representative or a relative of a deceased individual, or any other person it is reasonable to inform in the circumstances, of the individual’s death

Or

- Required in anticipation of or for use in civil or quasi-judicial proceeding to which the trustee is a party; This type of request must be forwarded to the Privacy Officer.
- Required in anticipation of or the prosecution of an offence. (Specify)
- Authorized or required by an enactment of Manitoba or Canada. (Specify)
- Required to assist in locating an individual reported as being a missing person. Demographic Information ONLY.

This type of request must be forwarded to the Privacy Officer.

This type of request must be forwarded to the Site Privacy Officer.

Part 3: Signature of Police Officer.

- Police Officer must record his or her last name, first name and badge number, phone number and must specify the agency by placing a check mark in the appropriate box. If “other” is specified state the agency.
- Signature of police officer.
- File the completed Disclosure of PHI to Police without Consent Form on the patient’s/client’s/resident’s health record.

Reference: Form # 6173 Disclosure of Personal Health Information to Police Policy # GA 7-66
DISCLOSURE OF PERSONAL HEALTH INFORMATION UNDER THE
FATALITY INQUIRIES ACT

I (name of officer)___________________________advise the (facility/program)
___________________________________________ on
(date) _____________________________that personal health information of (patient/client name)
___________________________________________, (DOB)_________________________
is required for investigation under The Fatality Inquiries Act.

Under Section 3(1) of The Fatality Inquiries Act, I have been appointed an investigator by (Name of
Medical Examiner)___________________________.

Police Signature:_________________________ Date:______________________ Police

Name (please print):_________________ Detachment:__________________ Indicate what
copies have been obtained by the Investigator: Facility/Program

_________________________________________

Signature:___________________________ Date:________________________