

ACCESS Request Form for Personal Health Information

LAW ENFORCEMENT AGENCIES

PERSONAL HEALTH INFORMATION PROTECTION ACT, 2004 (PHIPA)

Section 1 - Incident Information	
Patient First Name:	Patient Last Name:
Date of Birth (dd/mm/yyyy):	Incident Date: (dd/mm/yyyy) :
Incident Location:	Incident Number:
Please select the document type you would like to request: <input type="checkbox"/> Ambulance Call Report <input type="checkbox"/> Incident Report	
Additional Information - Please provide a detailed description of requested personal health information records to be disclosed by The Regional Municipality of York, along with any supporting documentation, if applicable.	
Section 2 - Requester Information:	
Name & Title:	Badge Number:
Agency:	Station Address:
Email:	Phone Number:
By signing below, I confirm that the information being requested is for a law enforcement investigation being conducted by the Agency.	
Signature:	Date:

Submit Requests for Ambulance Call Reports to:

The Regional Municipality of York
 Community and Health Services
 Paramedic and Senior Services
 80 Bales Drive
 Sharon, Ontario L0G 1V0
patients@york.ca
 1-877-464-9675 ext. 74749

Submit all Other Requests to:

The Regional Municipality of York
 Community and Health Services
 Integrated Business Services Branch
 Program Manager, IMAP
 17150 Yonge Street - 6th Floor
 Newmarket, ON L3Y 8V3
chsprivacy@york.ca
 1-877-464-9675 ext. 73007

ALERT: During the Covid-19 Pandemic, requests for information may be submitted by mail or email to the above noted addresses. During this time we will not be accepting any in person submissions or pick ups.

