



LIEN SANTÉ  
NB  
HEALTH LINK

SERVICES DE SANTÉ NB  
**MEDAVIE**  
HEALTH SERVICES NB

## Request for Information For Investigations or Law Enforcement

under the *Personal Health Information Privacy and Access Act (v.4, 2023)*

### 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: \_\_\_\_\_

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.

If the person whose information you are requesting is capable of consenting to the disclosure of their information, but a signed authorization is not being included, please explain why the individual's consent is not being sought and under what legal authority EM/ANB should consider release without consent.

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**Signature**

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**Date**

[rti@medavienb.ca](mailto:rti@medavienb.ca)

Fax: (506) 872-6509

EM/ANB Inc.

*Please complete all sections of the form. Incomplete forms will not be processed.*