

NB Health Link

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)

Received by:
Date: