

## APPLICATION FOR THE RELEASE OF PATIENT CARE RECORDS POLICE AND STATUTORY AUTHORITY REQUESTS ONLY

Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose of responding to your request.

**SEE PAGE 2 FOR INSTRUCTIONS BEFORE COMPLETING**

**PART 1 REQUESTOR DETAILS** - FIELDS MARKED WITH AN ASTERISK (\*) REQUIRE MANDATORY COMPLETION

<b>* AGENCY</b>			
<input type="checkbox"/> POLICE <input type="checkbox"/> CORONER <input type="checkbox"/> CROWN COUNSEL <input type="checkbox"/> OTHER _____			
AGENCY DETACHMENT		AGENCY UNIT	* AGENCY FILE NO.
* REQUESTOR'S LAST NAME		* REQUESTOR'S GIVEN NAME(S)	* BADGE #
* MAILING ADDRESS, (STREET #, CITY, PROVINCE)			* POSTAL CODE
* EMAIL ADDRESS		* TELEPHONE	* FAX
<input type="checkbox"/> * LETTERHEAD IDENTIFICATION INCLUDED (PLEASE SEE INSTRUCTIONS)			

**PART 2 - COMPLETION OF THIS SECTION IS MANDATORY**

* REASON FOR REQUEST	* AUTHORIZING STATUTE AND SECTION NUMBER OF INVESTIGATION

**PART 3 PATIENT AND EVENT INFORMATION** - FIELDS MARKED WITH AN ASTERISK (\*) REQUIRE MANDATORY COMPLETION

<input type="checkbox"/> PATIENT CARE REPORT ATTACHED	EVENT/DISPATCH #	* DATE OF SERVICE	* TIME OF SERVICE
PATIENT'S LAST NAME	PATIENT'S GIVEN NAME(S)		PATIENT'S DATE OF BIRTH
* LOCATION AMBULANCE ATTENDED			
PARAMEDIC - DRIVER'S NAME / #	PARAMEDIC - ATTENDANT'S NAME / #	HOSPITAL TRANSPORTED TO	

**PART 4 RECORDS OR INFORMATION REQUESTED**

<input type="checkbox"/> 911 AUDIO RECORDING - <b>CD/DVD COPY</b> - (sent by regular mail)
<input type="checkbox"/> PATIENT CARE REPORT - (sent by regular mail)
ADDITIONAL INFORMATION OR RECORDS SOUGHT

## INSTRUCTIONS

Fill out the application form completely.  
Missing or incorrect information will delay processing and disclosure.

**Certain statutory authorities must also include the following:**

- **ICBC Special Investigation Unit officers** must include a copy of their letter of appointment as a special constable.
- **WorkSafeBC Investigators** must include a copy of their identification card.
- **Ministry of Children and Family Development social workers** must provide a copy of their letter of delegation under s. 96 of the *Child, Family and Community Service Act*.
- **Coroners** must include a copy of an Order to Seize.

Requestors conducting an investigation on behalf of another agency (e.g. police on behalf of the coroner) must provide a letter from the agency verifying on whose behalf the investigation is being conducted.

Once completed, please return to the following address:

BC Emergency Health Services  
PO BOX 9600 Stn Prov Govt  
Victoria BC V8W 9P1

FAX: 250.953.3119  
PHONE: 250.356.2113  
WEB: <http://www.bcehs.ca/health-info/patient-care-records/request-your-patient-care-record>  
EMAIL: [patientrecords@bcehs.ca](mailto:patientrecords@bcehs.ca)