

Title: Release of Patient Personal Information to Police in Urgent or Emergency Situations	
Category: Access to Data and Information	Reference: BCEHS OPS 002
Approved by: Senior Operations Committee	Approved: October 27, 2016 Next Review: October 2021

PURPOSE

Under the Criminal Code, *Freedom of Information and Protection of Privacy Act* (FIPPA) and other related legislation, police have the legal authority to collect personal information. BCEHS has a responsibility to balance the competing interests of protecting personal privacy rights with police legal authority to collect personal information.

BCEHS front line staff may be requested or have an obligation to disclose a patient’s personal information to police in urgent and emergent situations for the following purposes:

1. continuity of care¹
2. staff safety²
3. assisting law enforcement with a specific investigation³
4. in accordance with another enactment of BC⁴
5. significant harm to health or safety of public, group of people or individual⁵

This policy provides support and direction to front line staff in the disclosure of personal information to police. The BCEHS “*Disclosure to Police – Reference Guide*” should be consulted for detailed guidelines.

SCOPE

This policy applies to disclosure to police by front line staff in urgent and emergent situations.

All routine requests for a patient’s personal information should be referred to the Patient Records Office, Risk Management Program, BCEHS at patientrecords@bcehs.ca.

POLICY

BCEHS is committed to keeping a patient’s personal information confidential. A patient’s personal information must not be disclosed to police without authorization. There are three means of authorization for the disclosure:

1. patient consent;
2. legal requirement to compel BCEHS to disclose personal information; or
3. BCEHS utilizes its discretionary authority pursuant to FIPPA.

In all cases of disclosure of personal information, release of information should be limited to that which is requested or pertinent to the situation.

¹ FIPPA s. 33.2 (a)
² FIPPA s. 33.2 (e)
³ FIPPA s. 33.2 (i)
⁴ FIPPA s. 33.1 (j) (c). Specifically: s. 28 of the *Mental Health Act*, s. 13 & 14 of the *Child, Family and Community Service Act*
⁵ FIPPA s. 25 and common law

A. DISCLOSURE

BCEHS disclosure to police can be broken down into three authorization categories, as listed above. The BCEHS *Disclosure to Police – Reference Guide* should be consulted for detailed guidelines.

1. **Patient Consent:** personal information may not be disclosed to the police without the patient's consent, except in the limited circumstances described in this policy and required by law. Refer to *Disclosure to Police – Reference Guide* for additional information.
2. **Statutory or Legal Mandatory Disclosure**
There are circumstances where staff has a mandatory duty to disclose information to the police:
 - i. Required by Statute: staff must release a patient's personal information in the limited circumstances prescribed by law. For example, under the *Gunshot and Stab Wound Disclosure Act*.
 - ii. Proactive Disclosure: there is an obligation under FIPPA (s.25) and common law to disclose information about a significant risk or danger to a specific person's health or safety, or an imminent risk to public safety. There is a high threshold before this criteria can come into play and the duty only exists in the clearest and most serious of situations.

Any requests received by staff for patient's personal information under a court order or search warrant should be referred to the BCEHS Patient Records Office at patientrecords@bcehs.ca.

3. Discretionary Disclosure

For these types of disclosures, a search warrant, production order or court order is not required.

Discretionary Disclosure of Personal Information

- i. **Proactive Disclosure:** there are a number of circumstances in which staff may initiate discretionary authority to disclose a patient / client's personal information. The *Disclosure to Police – Reference Guide* should be consulted for detailed guidelines.
- ii. **Requests by Police:** Staff may disclose a patient/client's personal information to police upon request for the following purposes:
 - a. to assist in a specific law enforcement investigation, as evidenced by an investigation number; or
 - b. in relation to a person under the *Mental Health Act*, on a need-to-know basis, for the following purposes: (1) to assess risk to the person's own safety or the safety of others; (2) to provide appropriate care, response and service to a person with a mental illness and to those who could reasonably be impacted by the actions of that person; or (3) to protect the health or safety of staff (BCEHS staff or police staff).

B. DOCUMENTATION

Documentation requirements:

1. **Paramedics:** document on PCR (in the Notes section) a description of what was disclosed and to whom.

Copies of PCRs must not be provided to police directly by paramedics. Requests for a PCR must be referred to BCEHS Patient Records Office at patientrecords@bcehs.ca.

2. **Dispatchers:** document in CAD that police have been notified.

C. POLICE REQUESTS FOR INTERVIEWS

1. Police interview of a patient:

Unless clinically contraindicated or delivery of care might be compromised, staff will facilitate police contact with the patient upon request by the police. Such contact might include or become a police interview. If staff believe such contact is clinically contraindicated or may delay or compromise care, they will instead explain to the police the situation, and note their determination on the PCR. The police will then determine their next course of action

2. Request by police to interview a staff member:

At the scene, staff may answer questions or write a statement describing the events they witnessed. After the call, for all non-urgent or emergent requests for interviews, staff and police must follow the established process and contact BCEHS Patient Records Office at patientrecords@bcehs.ca.

D. DEFINITIONS

In this policy:

“**active police investigation**” means a directed police investigation where there is an active investigation file number;

“**emergent**” requests are those requests where there is evidence of a compelling and life-threatening requirement to immediately release personal information;

“**patient**” means a person who receives care or services from BCEHS;

“**personal information**” means any information about an identifiable individual (including, but not limited to patients, clients, residents, volunteers, students, staff, physicians or members of the public), but it does not include business contact information (business contact information is information such as a person’s title, business telephone number, business address, e-mail address or facsimile number);

“**staff**” means paramedics, unit chiefs, area managers, superintendents and dispatchers employed by BCEHS; and

“**urgent**” requests are those requests where there is evidence of a compelling requirement to promptly (within 4-6 hours) release personal information.

E. REFERENCES

1. [Freedom of Information and Protection of Privacy Act](#), RSBC 1996, c. 165
2. [Gunshot and Stab Wounds Disclosure Act](#), SBC 2010, c. 7
3. [Mental Health Act](#), RSBC 1996, c. 288
4. Release of Patient or Client Personal Information and Personal Effects to Police and Other Agencies (PHSA Policy RM 110) (available on the PHSA POD)
5. Release of Information and Belongings to Law Enforcement (Vancouver Coastal policy IM 255)
6. Disclosure to Law Enforcement Quick Reference Guide (Vancouver Coastal guide)
7. Release of Patient Information to Law Enforcement Personnel in Urgent or Emergency Situations (VIHA policy 1.5.3)
8. Providing Patient/ Resident/ Client Information to Law Enforcement Agencies (Routine/Urgent/Emergent Situations) – Fraser Health Authority policy