



1.0 General Administrative

1.5 Corporate – Legal/Ethical

1.5.3 Release of Patient Information to Law Enforcement Personnel in Urgent or Emergency Situations (in the Absence of Patient Consent, Court Order or Search Warrant)

1.0 Introduction

Law enforcement individuals occasionally come to a health care facility, without a search warrant, court order or patient consent and request timely access to the personal information of a patient/former patient/client (hereafter referred to as patient). While law enforcement personnel have the legal authority under the Criminal Code of Canada and other related laws, including section 26 of the British Columbia *Freedom of Information and Protection of Privacy Act*, (the *Act*), to collect personal information during the actual investigation of offenses under those laws, the burden of proof to confirm that authority rests with the individual requesting patient information. VIHA individuals addressing an information-sharing request of this nature have a responsibility, in accordance with the *Act*, to balance the competing interests of protecting a patient's privacy rights with the law enforcement personnel's potential legal authority to collect personal information.

The Vancouver Island Health Authority (VIHA) recognizes that patient information obtained in the health care context must be protected from disclosure to persons not entitled to receive the information (see Corporate Policy 1.5.1 *Privacy Rights and Confidentiality of Personal Information Policy* for further direction in this regard). While patient consent is the preferred form of authorization for disclosure and should be obtained wherever possible, VIHA further recognizes there are specific circumstances that override an individual's right to privacy when personal information will be shared with individuals with an authorized requirement for that information.

1.1 Purpose

All non-urgent or non-emergency requests from law enforcement agencies for patient information will continue to be addressed through the usual Release of Information channels. The **purpose** of this policy and procedure is limited to providing individuals within VIHA with a framework, based on section 33 of the *Act*, for consistently managing **urgent or emergency requests** from law enforcement personnel for disclosure of a patient's personal information to them **in the absence of patient consent, court order, or**

search warrant. This policy and procedure primarily addresses the application of sections 33.1(c) and 33.2(i), that is, determining whether to disclose personal information 33.1(c) in accordance with an enactment of British Columbia or Canada that authorizes or requires its disclosure or 33.2(i) to...a law enforcement agency in Canada to assist in a specific investigation.

2.0 Policy

2.1 Discretionary Disclosure

1. Section 33 of the *Act* outlines a variety of discretionary guidelines to all public bodies about when they may or may not choose to disclose personal information in their custody and control. In particular, section 33.2(i) grants a health authority the **discretion** to disclose personal information to assist with an investigation of a specific case that is underway or an investigation from which a legal proceeding will likely result. Law enforcement personnel requesting information and/or records on an urgent or emergency basis must provide proof:
 - a) Of their authority to request the information and/or records;
 - b) That there is a directed, bona fide investigation, i.e., a focused, active investigation in which there is a case file number or, in emergency situations, that a file number can subsequently be provided to the health authority; and;
 - c) Of their need for urgent or emergency production of the information that precludes following the usual processes for obtaining information from VIHA. Individuals managing the request must be satisfied that the usual processes for obtaining information, such as warrants, court orders or direct consent are not reasonable in the circumstances (see procedure 1.5.3PR for assistance in determining whether the explanation provided would be considered reasonable).
2. All VIHA staff and physicians will manage a request for information and/or records under this policy in accordance with applicable provincial and federal legislations, including but not limited to the Act, VIHA Confidentiality policy 1.5.1 and the corresponding procedure to this policy (1.5.3PR).
3. Release of records containing personally identifiable information will only occur by a designated Information and Privacy Officer.

2.2 Direction of Urgent or Emergency Inquiries for Information

2.2.1 During Regular Hours:

All inquiries across VIHA from law enforcement agencies made between 0800-1700 Monday – Friday will be directed to the Office of the Director, Risk Management, VIHA who will collaborate with the involved department and the Information and Privacy Officer (includes but is not limited to the Regional Office, Information and Privacy) as necessary to ensure any verbal information sharing is in accordance with applicable legislations.

2.2.2 After Hours, Weekends and Holidays

All inquiries across VIHA from law enforcement agencies will be directed to the Administrator on-Call or Site Responsible person for the facility believed to be holding the requested information. That individual will collaborate with the involved department and Information and Privacy Officer or Director, Risk Management as necessary to ensure any verbal information sharing is in accordance with applicable legislations.

2.2.3 Exceptions: Emergency Medicine Physicians

Law Enforcement agencies will contact the Emergency Department physician directly when dealing with patients currently located in the Emergency department. The physician will collaborate with the Information and Privacy Officer during Regular Hours or the Director, Risk Management as necessary to ensure any verbal information sharing is in accordance with applicable legislations.

In all cases (sections 2.2.1 – 2.2.3) requests for copies of records will be referred directly to the Information and Privacy Officer associated with the facility holding the records.

2.3 Designated Individuals Responsible to Authorize Disclosure

Only individuals designated in this policy (Risk Management staff, Regional Information and Privacy Office staff, Information and Privacy Officers, After Hours Administrators and Emergency Room Physicians have the authority to release patient information (excluding records) to law enforcement personnel who request it on an urgent or emergency basis. All release of records containing personal information must occur by Information and Privacy Officer designated under the *Act*.

2.4 Adequate Authorization

In the absence of patient consent, disclosure of personal information to law enforcement agencies will occur only in accordance with the provisions of the *Act*, other related legislation (e.g. Criminal Code), the VIHA Privacy Rights and Confidentiality of Personal Information Policy (Corporate 1.5.1) and the various professional bylaws/privacy codes and standards of practice that will inform the caregivers' decision-making and daily practice.

2.5 “Need to Know” Rule

A designated individual of the VIHA will only authorize the disclosure of the necessary “need to know” information to the right recipient at the right time for the right purpose. In other words, if disclosure is authorized, only disclose that information which is necessary to satisfy our obligations with respect to the investigation. There is no general rule on disclosure that applies to all cases therefore each case must be carefully considered on its

merits. If in doubt about what to disclose, consult with an Information and Privacy Officer for your area or the Office of the Regional Manager, Information and Privacy for guidance.

2.6 Proactive Disclosure

It should be noted that situations will arise where s. 25 of the Act requires and s. 33.1(m) of the *Act* permits **proactive disclosure** of personal information to police, both in the circumstances of a known police investigation or, in compelling circumstances, before an investigation has commenced, where there is significant fear of harm to anyone's health or safety. In addition health authority professionals have a duty, at common law, to notify the police without delay in order to protect the patient, the public or third parties where the health authority perceives a compelling risk of harm to patients, the public, or other staff. An example of this would be a patient with a known history of violence toward others who threatens to harm another individual or individuals, or a patient who, because of health concerns, no longer possesses a valid license, would be at high risk of harming oneself or others should he/she drive, yet indicates a clear intention to do so or is seen to be driving.

The decision to proactively disclose personal information to a law enforcement agency must first be discussed with the Director, Risk Management, VIHA or the Regional Manager, Information and Privacy, VIHA during weekday business hours (0800-1700) or, if after hours, weekends and holidays, with the Administrator On-Call for your facility. This policy does **not** further address proactive disclosure of personal information.

3.0 Definitions

3.1 Personal Information

Personal information is information about an identifiable individual provided to, collected or created by the VIHA that exists regardless of form and includes, but is not limited to the following:

- (a) The individual's name, address or telephone number,
- (b) The individual's race, national or ethnic origin, colour, or religious or political beliefs or associations,
- (c) The individual's age, sex, sexual orientation, marital status or family status,
- (d) An identifying number, symbol or other particular assigned to the individual,
- (e) The individual's fingerprints, blood type or inheritable characteristics,
- (f) Information about the individual's health care history, including a physical or mental disability,
- (g) Information about the individual's education, financial, criminal or employment history,
- (h) Anyone else's opinions about the individual, and
- (i) The individual's personal views or opinions, except if they are about someone else.

3.2 Information and Privacy Officer

As a public body subject to the Act, all requests for records containing personally identifiable information must be managed by persons knowledgeable about the *Act* and formally delegated (under s. 66 of the Act) by the Head of the health authority (Chief Executive Officer) to make decisions regarding disclosure of such records. A listing of the Information and Privacy Officers is available on the VIHA intranet at: https://intranet.viha.ca/departments/information_privacy/Pages/default.aspx, by contacting the Regional Information and Privacy Office at (250) 370-8043; or (250) 370-8686 or contact the main switchboard of the facility in question to determine the appropriate Information and Privacy Officer responsible for the area in question.

3.3 Urgent Requests

Urgent requests are those where there is evidence of a compelling requirement to promptly (within 4-6 hours) release personal information (e.g. requesting information regarding knowledge of injuries and prognosis to determine nature of charges and criminal investigative resources).

3.4 Emergency Requests

Emergency requests are those where there is evidence of a compelling and life-threatening requirement to immediately release personal information (E.g. unconscious, mortally wounded individual – release required for location of next of kin).

3.5 Law Enforcement Agencies

Local, municipal, provincial or federal agencies mandated to undertake investigations, proceedings or criminal intelligence operations that lead or could lead to a penalty or sanction being imposed. These include, but are not limited to the RCMP, Department of National Defence Police, local/regional police services, bylaw enforcement agencies, Office of the Chief Medical Examiner of British Columbia, Correctional Services of Canada, Vancouver Island Regional Correctional Centre and similar agencies located in other provinces. This also includes Federal and Provincial Regulatory bodies such as the Department of Labour, Department of Immigration or Transport Canada.

4.0 Applicability

This policy and procedure applies to all VIHA representatives, i.e., members of VIHA who offer services directly on behalf of VIHA (including employees, physicians, students, volunteers and any other person contracted for direct service provision within the organization).

Corporate 1.5.3PR Procedure for Request from Law Enforcement Personnel for Personal Information in Urgent or Emergency Situations

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| VIHA Staff | 1. Direct urgent or emergency enquires from law enforcement personnel for personal information (excluding records) to a designated individual (DI) within VIHA. Risk management staff, Information and Privacy Officers, After Hours Administrators On Call and Emergency Room physicians have the authority to release personal <u>information</u> (excluding records) to law enforcement personnel who request it on an urgent or emergency basis (see Corporate 1.5.3 section 2.2 for further direction). |
| | 2. Refer all requests for release of <u>records</u> containing personal information to an Information and Privacy Officer delegated as such under the Act. Contact your nearest Health Records department or the Regional Information and Privacy Office for the name of an appropriate officer. |
| Law Enforcement Personnel | 1. Speak to an individual designated within VIHA to respond to your request. Designated individuals are Risk Management staff, Information and Privacy Officers, After Hours Administrators On Call and Emergency room physicians. |
| | 2a. Urgent Requests: (Definition) Those where there is evidence of a compelling requirement to promptly (within 4-6 hours of receipt of request) release personal information (e.g., requesting information regarding knowledge of injuries and prognosis to determine nature of charges and criminal investigative resources. |
| | i) Complete and sign section I of the “ <i>Request for Personal Information by Law Enforcement Personnel in Urgent Situations</i> ” (<i>the Form</i>) (form # xxx). ii) Submit written request to a DI |
| | 2b. Emergency Requests (Definition) Those where there is evidence of a compelling and life-threatening requirement to immediately release personal information (e.g. unconscious, mortally wounded patient – release required for police to locate next of kin). |
| | i) Using Section 1 of <i>the Form</i> as guidance, verbally provide DI with as much information as possible as required in Section I of “ <i>the Form</i> ” but minimally: <ul style="list-style-type: none"> • Your identifying information; • Nature of your request; • Confirmation of active, focused investigation and case file number as available and; • The compelling reasons that justify an immediate disclosure of personal information. |
| | 3. Discuss request as required with DI and obtain response. |

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| <p>VIHA Designated Individual (DI)</p> | <p>Urgent Requests:</p> <p>1. Review submitted documentation and discuss it with requester as necessary to determine adequacy of provided information. <i>The Form</i> must:</p> <ol style="list-style-type: none">a) Include name or description of the individual whose information is being sought, if known to police;b) Identify what specific information is requested;c) Document that a bona fide investigation is underway, i.e., a focused investigation with an established case file number. Note: In emergency situations a case number may not yet be available, such as an accident where police know when and where it took place and are now searching for an individual who left the accident scene;d) Identify how the requested information is relevant to the investigation. Discussion regarding disclosure to law enforcement agencies from the province's FOIPPA policy and procedure manual indicates "Personal information should not be disclosed if the request relates to an investigation that is not focused and where information is sought on suspicion, surmise or guesses" (See Appendix B for examples of this);e) Outline the officer's authority to request information (officer to identify the specific legislation (e.g. <i>Criminal Code</i> or <i>Controlled Drugs and substances Act [CDSA]</i>) and the type of offense under investigation (e.g. assault);f) Provide reasons why obtaining a search warrant or court order is not required or reasonable in the circumstances. Note: A warrant or order would not be required if VIHA is exercising its discretion to disclose under s. 33.2(i) which permits disclosure to a law enforcement agency to assist in an investigation undertaken with a view to a law enforcement proceeding or from which a law enforcement proceeding is likely to result. <p>Acceptable situations where a search warrant or court order is not required or reasonable include:</p> <ul style="list-style-type: none">• For notification of next of kin or caregiver (if a patient is unconscious or deceased);• To determine extent of injuries to assist police in determining whether they will be conducting a criminal investigation and therefore require additional investigative resources, and timely access to court order or warrant is not possible;• To determine expected prognosis for nature of charges, if any; and;• For release of victim's personal effects (excluding personal health record) and clothing (see Appendix B for examples |
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| | <p>g) Identify law enforcement officer’s name, badge, detachment and telephone number; h) Identify if investigation is confidential and disclosure of the request may harm the integrity of the investigation.</p> |
| | <p>2. Based on submitted and discussed information, determine if the compelling requirement to promptly release (within 4-6 hours of request) information has been established and release relevant “need to know” information or provide reasons for refusal. 3. Complete and sign Section II of <i>The Form</i> based on your approval or refusal of the request. 4. Place completed form in relevant patient’s health record. 5. If police advise that the investigation is confidential, place <i>The Form</i> in a sealed envelope marked “Confidential – Only For Review by Information and Privacy Officer upon receipt of Access Request” and append to the health record. If the patient or third party subsequently requests access to records related to the patient, the records, including <i>the Form</i> must first be screened by a designated Information and Privacy Officer within the Health Authority to determine if exceptions to disclosure exist (e.g., s. 15 – Harm to Law Enforcement).</p> |
| | <p>Emergency Requests:</p> <p>1. Based on verbally submitted and discussed information, determine if the compelling requirement to <u>immediately</u> release personal information has been established and if so, release relevant, “need to know” information.</p> <p>Document, using a “CONFIDENTIAL” header, your decision to disclose or withhold personal information in the relevant patient’s health record. Include the information as provided to you under section 2b(i) of the Law enforcement officer procedure but minimally:</p> <ul style="list-style-type: none"> • The officer’s identifying information; • Specific nature of the request; • Nature of investigation and case file number as available; • The reasons that justified an immediate disclosure of personal information or refusal to disclose. |

Appendix A – Corporate 1.5.3PR

**REQUEST FOR PERSONAL INFORMATION BY A LAW ENFORCEMENT
PERSONNEL IN URGENT¹ SITUATIONS ***
In the absence of informed consent, court order, or search warrant

Section 1: Law Enforcement Officer to Complete

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| 1. Date: _____ Time of Request: _____ |
| 2. Name/description of patient/focus of investigation: _____ _____ |
| 3. Specific information requested: _____ _____ _____ |
| 4. Describe how information is relevant to investigation or rationale for not disclosing further details: _____ _____ _____ |
| 5. Authority for the investigation and information request (Officer to identify specific legislation, e.g., Criminal Code or Controlled Drugs and Substances Act and type of offense): _____ _____ _____ |
| 6. Case file number (if available): _____ |
| 7. Reasons why search warrant or court order not required or reasonable: _____ _____ |
| 8. Is the investigation confidential (i.e., would disclosure of it to the individual about whom you are requesting Information harm the integrity of the investigation? Yes _____ No _____ |
| 9. Requesting Officer Identification: Name: _____ Badge Number: _____ Detachment and Phone Number: _____ Signature: _____ |

Section II: Designated Individual to Complete

1. I hereby approve or refuse this disclosure of personal information.
2. If approved, specify nature of disclosed information:
Patient Name: _____ MRN: _____
Other Identifiable Information: _____

Release Date: _____
Released by: _____ (print name)
- 2a. Place completed form in patient's health record.
3. If refused, indicate reasons for refusal:

- 3a. Forward completed refusal form to the Regional Information & Privacy Office.
4. DI Signature: _____

1 In emergency situations where law enforcement personnel (l.e.p.) request immediate disclosure, both l.e.p. and the VIHA designated individual should use section I to guide their discussion and decision-making.

*NOTE: Form completion NOT required for seizure of exhibits (e.g. clothing, personal effects, bodily fluid swabs)

Appendix B - Corporate 1.5.3PR

Examples are based on situations that have arisen in the past; however, this is not an exhaustive listing. Designated individuals receiving and managing the request for information must review the information provided by police on the Request for Information by Police form and exercise professional judgment based on that information.

Can patient information be disclosed without consent, search warrant or court order?

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| <p>1. a) A murder has occurred and suspect is in hospital being treated. Police request invasive (example: extracting a blood sample) blood/body fluid samples or the record of suspect's hospital treatment.</p> <p>¹ A warrant is needed when an invasive procedure is required to obtain the sample from a suspect or a victim or the record of the suspect's hospital treatment. Police do not require a warrant if the suspect or victim gives informed consent in writing.</p> <p>b) Police request the release of suspect's clothing and wish to take blood/bodily fluids swabs on the external surface of the suspect's body.</p> <p>² Police do not require a warrant to take clothing or non-invasive samples from suspects, victims and witnesses. This means that the police do not require a warrant to swab blood or other bodily fluids that have been splashed or deposited on the body, clothes or personal belongings of a victim, suspect or witness.</p> | <p>NO¹</p> <p>YES² s. 33.1 c</p> |
| <p>2. Police wish to obtain a victim's personal effects.</p> <p>³Police do not require a warrant to seize a victim's personal effects. There are no expectations of privacy attached to victims' personal effects that would be sufficient to require police to obtain a warrant to seize a victim's personal effects. Police are entitled to seize evidence in relation to a crime, where that evidence is in "plain view".</p> <p>Hospitals will ask police to sign a waiver of liability for the release of victims' valuables (including currency), in the absence of consent by the victim. This waiver will acknowledge that the police will accept any and all civil liability that may arise from the seizure of the victim's personal effects.</p> | <p>YES³ s. 33.1 c</p> |
| <p>3. Police arrive with warrant issued or made in Canada with jurisdiction to compel the production of information but wish to view lab reports and entire chart, which</p> | <p>NO⁴ s. 33.2(b)</p> |

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| <p>goes beyond scope of warrant.</p> <p>⁴Police can receive information outlined in initial warrant and either return with warrant covering additional request or contact Health Records during regular business hours.</p> | |
| <p>4. Patient unconscious in ICU and police wish to know extent of injuries and prognosis.</p> <p>⁵No warrant required if request is made to determine urgency of applying criminal investigative resources and/or to determine nature of charges.</p> | <p>YES⁵ s. 33.2(i)</p> |
| <p>5. Police request information as to whether anyone was admitted in past few days of a <u>particular</u> physical description <u>and</u> provide details of the offense under investigation (i.e., not a “fishing expedition”).</p> <p>⁶Police should provide more information about the matter under investigation to clearly indicate WHY they are requesting the information on an urgent/emergent basis or rationale as to why they cannot disclose further details. Document this on the <i>Request for Information by Police</i> form. VIHA may provide a “Yes” or “No” response as to whether anyone was admitted.</p> <p>⁷If police further request the name or other personal information about the individual(s), police should provide compelling rationale as to the need for immediate release of information that meets the tests as outlined in 3.2 and 3.3 of the policy.</p> <p>⁸ In the absence of compelling rationale for disclosure, a warrant would be required.</p> | <p>YES⁶ s. 33.2(i)</p> <p>YES⁷ s. 33.1(m)</p> <p>NO⁸ s. 33.2(i)</p> |
| <p>6. Police request names of anyone with a <u>suspicious injury</u> (e.g. stab wound) who has been admitted in the past x hours and identify the offense under investigation.</p> <p>⁹If police haven’t provided details and are not specific, there is no obligation for staff to disclose anything. Police should provide such information as ‘injuries consistent with...’ and information more directed to the event, rationale for the urgent/emergent need for disclosure, or rationale as to why they cannot disclose further details. Document this on the <i>Request for Information by Police</i> form.</p> | <p>NO⁹ s. 33.2(i)</p> |
| <p>7. Police want to arrest a patient (and thus have an active investigation underway). Police have asked nursing staff to notify them of patient’s impending discharge.</p> <p>¹⁰Staff should contact VIHA Security and inform them of the police request. Security must contact police directly and notify them of the impending discharge. In many cases the patient may pose a threat to public safety as they may have</p> | <p>YES¹⁰ s. 33.2(i)</p> |

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| <p>plans to retaliate for their injuries. <u>Note:</u> when a police officer requests the location of a specific patient in order to make an immediate arrest, staff may disclose the suspect's whereabouts to police.</p> | |
| <p>While there are no issues of disclosure of patient information with examples 8 and 9a, they address whether <u>access to the patient</u> and/or family is appropriate.</p> <p>8. Police wish to interview competent youth or adult patient (victim, suspect and/or witness) in the course of an active investigation.</p> <p>¹¹Unless there are medical reasons that preclude the patient from being interviewed at the time; the care provider (typically the RN) will accompany the police officer to the patient's bedside to enable the police to present their request to interview the patient. Police will be given a reasonable opportunity to obtain verbal consent to be interviewed from the patient. Once consent is obtained the care provider may then leave but must document the interaction and the verbal consent in the patient's health record. For youth suspects (under the age of 18) the police will ensure that the youth completes the Section 56 Young Offenders Act Form for a Youth person Charged with, or Suspected of, an Offence.</p> <p>¹²If patient consent is NOT obtained after a reasonable opportunity to do so, then the police will stop the interview and leave. The care provider will document the refusal in the health care record. If the patient refuses consent to be interviewed the police may choose to arrest the patient. If the patient has been arrested, the care provider will no longer attend except for medical purposes.</p> <p>9. An infant, brought to ER with vomiting and loss of consciousness by her mother, is admitted to PICU with what appears to be a non-accidental brain injury due to a suspected shaking incident. Police wish to interview a) the parents; b) Emergency room and PICU staff and physicians involved with the child.</p> <p>a) ¹⁷Family members or caregivers are often suspects in this situation. While no warrant or court order is required to interview suspects, police must seek verbal consent from these individuals to be interviewed and advise them of their rights to seek legal counsel. In the absence of consent, police may choose to arrest the suspects.</p> <p>b) ¹⁸No warrant or court order is required for police to interview staff about comments made by family members about the state of the child and circumstances surrounding the admission to hospital, i.e., issues specific to the matter under investigation. Disclosure may occur if police require immediate information to determine if the sustained injuries are consistent with suspected child maltreatment; determine the need for additional investigative resources and/or ensure timely access to forensic evidence.</p> | <p>YES^{11, 12}</p> <p>YES¹⁷</p> <p>YES¹⁸ s. 33.2(i)</p> |
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| <p>10. A child is in ER with bruising to her thighs, ears and shoulder blades. The Ministry of Children and Family Development (MCFD) is notified of her suspicious injuries and possible child maltreatment. A police officer accompanies the MCFD social worker attending the child and requests copies of the photographs taken by AV services.</p> <p>¹³No warrant or court order is required. Photographs are routinely taken in cases of suspected abuse, for medical and forensic evidence collection purposes.</p> | <p>YES¹³ s. 33.2(i)</p> |
| <p>11. A 14 year old in ER has disclosed that her uncle sexually abused her the previous evening.</p> <p>a) Police attend and following a complete forensic examination of the teen, request invasive blood/body fluid samples.</p> <p>¹⁴A warrant is needed when an invasive procedure is required to obtain the sample from a suspect or a victim. Police do not require a warrant if the suspect or victim gives informed consent in writing. Consent may be obtained from the teen if it is determined she is competent to make her own healthcare decisions. In the absence of competency, consent may be obtained from the parent or guardian.</p> <p>b) In the ER, the teen spontaneously discloses to the VIHA Child Life worker, various specifics of the alleged abuse. Police request i) to obtain a statement from the worker regarding the child's disclosure to her and ii) a copy of the worker's notes, in the VIHA health record, of the teen's disclosure.</p> <p>i) ¹⁵S. 33(n) permits the worker to disclose the details of her conversation in the absence of a warrant or court order if police provide compelling reasons why timely access to the information is essential, e.g., if the information provided to the worker will assist the police in determining whether additional investigative resources are immediately required to secure potential crime scene evidence.</p> <p>ii) ¹⁶In the absence of consent from a competent teen, or the parent or guardian if the teen is not competent to give consent, a warrant to review the VIHA health record notes of the child life worker is required.</p> | <p>NO¹⁴ s. 33.2(b)</p> <p>YES¹⁵ s. 33.2(i)</p> <p>NO¹⁶ s. 33.2(b)</p> |