



Video Surveillance Request Form

Date of request:



REQUESTOR CONTACT INFORMATION:

Name of Requester: Agency or Department

E-mail Contact: Phone number



ACCESS REQUEST:

Reason for Request

HPHA Site:

Specific Location of Event

Date of Event

Time Frame of Event

Event Details (Eg. description of person(s), vehicle make and model, room # etc.):

Urgency level:



If video footage is released to requester it:

- Will be retained by requestor for Legal purposes
- Will be returned to HPHA Information & Privacy Office
- Will be securely destroyed by requestor
- other

Email the completed request form to the HPHA Information & Privacy Office at: alliance.privacyoffice@hpha.ca

For Urgent requests - Please contact the Information & Privacy Office immediately Ext. 2423 or after hours / weekends contact the HPHA Administrator On-Call - 519-271-2120

You will receive confirmation that your request has been received and submitted for approval by the Chief Privacy Officer.

For HPHA Office Use Only

File #

HPHA Chief Privacy Officer Approval:

Request Approved

Signature

Date

Yes

No

If not approved, specify:

Footage disclosed:

Yes

No

If no, specify

Footage Details

Disclosure Date

Disclosure Method

Secure USB

Secure email Link with password

Other