

LAW ENFORCEMENT REQUEST FOR PROTECTED HEALTH INFORMATION

Administrative Request OR Suspects, Fugitives, Material Witnesses, and Missing Persons OR Victim of Crime

The Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") and 45 Code of Federal Regulations (CFR) Section 164.512 allows the City of Henderson, Nevada to disclose Protected Health Information (PHI) to law enforcement officials, without the individual's written authorization, under specific circumstances.

As a law enforcement official authorized to receive PHI, I am making an official request to obtain permitted disclosure of PHI for the following person (Individual's Name and, if available, Address and Date of Birth): _____

I am making this request under the following:

- Check "1" or "2" or "3."
- If "1" is checked, provide information about the event, provide a copy of the law enforcement record with this request ("CAD Record"), and make the required representations.
- If "3" is checked, check "A" (and provide documentation that shows the Individual agreed) or check "B" (and make the required representations).

1. **45 CFR 164.512(f)(1)(C): Request for PHI pursuant to an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law.**

A. CAD Record is provided: **NO** or **YES** , CAD Record #: _____

B. I am providing the following information about the event that is known to the Agency and not in the CAD Record:

C. I am requesting the following information about the event (e.g., specific request asking if the Individual/patient was given controlled substances by HFD and what was administered; specific request asking if the medical event was associated with a vehicle accident, for the purposes of investigating a 401/409); etc.):

D. I make the following representations:

Representation 1: The information sought is relevant and material to a legitimate law enforcement inquiry.

Representation 2: The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought.

Representation 3: De-identified information could not reasonably be used.

2. **45 CFR 164.512(f)(2): Request for PHI for purposes of identifying or locating a suspect, fugitive, material witness or missing person.** PHI disclosures made by COH are limited

and therefore only the following information is sought to identify and locate the person named, who is a suspect, fugitive, material witness, or missing person:

- A. Name and address.
- B. Date and place of birth.
- C. Social security number.
- D. ABO blood type and rh factor.
- E. Type of injury.
- F. Date and time of treatment.
- G. Date and time of death, if applicable.
- H. A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.
- I. ALL OF THE ABOVE.

3. **45 CFR 164.512(f)(3): Request for PHI about a victim of a crime.**

- A. 45 CFR 164.512(f)(3)(i): The Individual agrees to the disclosure and written documentation of the Individual's agreement is enclosed with this request. **OR**
- B. 45 CFR 164.512(f)(3)(ii): Because of an emergency or the Individual's incapacity, the Individual cannot agree to the disclosure, and I make the following representations:

Representation 1: The information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim.

Representation 2: Immediate law enforcement activity depends upon the disclosure and that law enforcement activity would be materially and adversely affected by waiting until the Individual is able to agree to the disclosure.

BY COMPLETING THIS REQUEST FORM AND SIGNING BELOW, I acknowledge and warrant that I have reviewed and understand the information contained on all pages in this request, that I am competent and authorized to fill out, sign, and submit this request, that I have provided full, complete, and accurate information, and that I freely and voluntarily sign and submit this request and make all representations herein. I understand that I can contact COH at 702.267.HIPA (4472), if I have any questions about filling out/submitting this request.

Signature: _____ Date: _____

Printed Name of Law Enforcement Official: _____

Law Enforcement Official's Title: _____ Badge Number: _____

Phone #: _____ Email Address: _____

Address: _____

Agency: _____