



LAW ENFORCEMENT REQUEST FOR PROTECTED HEALTH INFORMATION

To: ELMHURST MEMORIAL HOSPITAL

Date: _____

Re: _____
 (Case name and number, or RD number and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPPA). See 42 U.S.C. Section 1320(d) et seq. (2002). See also Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Sections 160 & 164 (2002). I am employed by the Village of _____ and work for the _____ Police Department.

I am serving this request on you so that I may receive, in a written format, the protected health information of:

Name: _____

Birth Date: _____

Social Security Number: _____

In accordance with 45 C.F.R. Section 164.512(f), a copy of the following has been presented:

- Court order
- Court ordered warrant
- Subpoena issued by judge
- Grand jury subpoena
- Civil or authorized investigative demand
- Administrative agency subpoena

I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry;
- (2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and
- (3) De-identified information cannot be reasonably used.

 (Name of Requestor) (Please print)

 (Star Number and Unit of Assignment)

 (Signature of Requestor)

 (Telephone Number of Requestor)

Type of Information Released: Specimen

Slide

Report

 (Released by) (Please Print)

 (Signature) (Date)