CentegraHealthSystem

LAW ENFORCEMENT REQUEST FOR PROTECTED HEALTH INFORMATION

TO: ☐ Centegra Hospital – Huntley DATE:_____
☐ Centegra Hospital - McHenry
☐ Centegra Hospital – Woodstock
☐ Centegra Physician Care
☐ Centegra Clinical Laboratories

RE: _____
(Case/investigation name and number, and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). See 42 U.S.C. 1320d. See also Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. Sections 160 & 164. I am employed by and work for the following law enforcement agency: _____

I am serving this request on you so that I may receive the protected health information of:

Name: _____ Birth Date: _____

In accordance with 45 C.F.R. 164.512, this request is being made pursuant to a:

☐ Court Order (required for mental health records)
☐ Warrant
☐ Subpoena or Summons
☐ Identification/Location of a suspect, fugitive or material witness
☐ Information of Crime Victim
I certify pursuant to 45 C.F.R. 164.512(f)(3) that if the victim is unable to agree due to incapacity or other emergency circumstance the requested information is: 1) necessary to determine whether a violation of the law occurred by a person other than the victim; 2) such information obtained through this request is not intended to be used against the victim; and 3) law enforcement activity would be materially altered and adversely affected by waiting to obtain the victim's authorization.
☐ Administrative Request
I certify pursuant to 45 C.F.R. 164.512(f) that: (1) The information sought is relevant and material to a legitimate law enforcement inquiry, including alleged incidents of child abuse, child neglect or domestic violence; (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) Badge/ID Number

_____ _____
Signature of Requestor Telephone Number of Requestor

Describe information/documents released: _____

_____

_____ _____
Released By (Please print) (Signature) Date