

**RELEASE TO LAW ENFORCEMENT\***

The HIPAA Privacy Rule at 45 C.F.R. §164.512(f) permits a covered entity to disclose protected health information in response to a law enforcement official’s request for such information about an individual (1) for purposes of identifying and locating the individual (2) who is or is suspected to be a victim of a crime. The University may disclose the protected health information if the law enforcement official signs the following acknowledgment:

I, \_\_\_\_\_ (Law Enforcement Officer’s Name and Rank), Badge No. \_\_\_\_\_ of the \_\_\_\_\_ (Name of the Agency and Jurisdiction: e.g., Oklahoma City Police Department) represent that I am conducting an ongoing investigation regarding potential criminal activity. I am making an official request for the protected health information of \_\_\_\_\_ (name of individual):

(1)  Who is suspected to be the victim of a crime:

I represent that the individual or individual’s authorized representative is unable or unwilling to authorize the disclosure, or it is otherwise impractical for me to seek authorization. I represent that the information requested is needed to determine whether a violation of law by a person other than the victim has occurred. Such information is not intended to be used against the victim. I also represent that immediate law enforcement activity that depends upon this disclosure would be materially and adversely affected by waiting until the individual or the individual’s representative is willing or able to agree to the disclosure.

Or

(2)  Whose identity and location I am trying to determine:

I am entitled to the following:

- 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 applied
- h. distinguishing physical characteristics

I am not entitled to any information related to DNA, DNA analysis, dental records, or typing/samples/analyses of bodily fluids or tissue.

Law Enforcement Official Requesting Disclosure

Date

**BASED UPON THIS REPRESENTATION BY THE ABOVE-NAMED LAW ENFORCEMENT OFFICIAL, THE UNIVERSITY HEALTH PLAN HAS DETERMINED IT IS IN THE BEST INTEREST OF THE MEMBER TO RELEASE THE PROTECTED HEALTH INFORMATION TO THE LAW ENFORCEMENT OFFICIAL.**

\*For use when no court order; court-issued summons or subpoena; administrative subpoena or summons; or individual Authorization is presented. Consult the Office of Legal Counsel or Privacy Official if you have any questions (271-2033).