



REQUEST FOR RECORDS Law Enforcement

Date: _____

Fee: **\$.25 per page**

REQUESTORS INFORMATION

Name: _____ Agency or Relationship to Incident: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

RECORD(S) REQUESTED (HIPPA protected records require a picture ID)

Incident Number: _____ Incident Date: _____

Incident Address: _____ City: _____ State: _____ Zip Code: _____

Incident Type: Fire Medical (EMS) HazMat Other

I have reviewed and/or received copies of the records described above. I affirm that I shall not use the requested information for direct solicitation of business for pecuniary gain and acknowledge that such violation is a Class 3 misdemeanor under Colorado Revised Statute 24-72-309

Requestor Signature: _____ Date: _____

OFFICE USE ONLY - Disposition of Record(s)

Fee: **\$.25 per page** # Of Pages: _____ Total Cost: _____ Date Paid: _____

Forwarded To:

Investigations Operations Chief EMS Chief Fire Chief Administrative Chief Other _____

Taken By:

Name: _____

Action Taken:

Approved for release by: Signature: _____ Date: _____

NFIRS approved for release without EMS information Date: _____

Not released Reason why: _____

Final Step:

Forwarded to Investigations Forwarded to EMS Forwarded to HazMat

Forwarded to Other _____

HIPAA Uses and Disclosures for Law Enforcement Purposes - Authorization for disclosure of protected health information is pursuant to 45 CFR 164.512(f). ***These are the conditions where we can release protected information. In all other circumstances, we require a release of information, signed by the patient, or a subpoena or search warrant from the appropriate jurisdiction.***

Officer attests to the following:

- Identification and Location. 45 CFR 164.512 (f)(2) permits health care providers to disclose protected health information in response to a law enforcement official's request to assist in identifying or locating a suspect, fugitive, material witness or missing person. **No consent is required.**
- Victims. 45 CFR 164.512 (f)(3) permits health care providers to disclose protected health information requested upon receipt of this official request from law enforcement conducting an investigation. The information is about the patient who is a victim or suspected victim of a crime. **Consent has been obtained.**
- Victims. 45 CFR 164.512 (f)(3) permits health care providers to disclose protected health information requested above upon receipt of this official request from law enforcement conducting an investigation. The information is about the patient who is a victim or suspected victim of a crime. It is not possible to obtain the consent of the patient because of incapacity or emergency circumstances. The information is needed to determine whether a violation of law has occurred by a person other than the patient, and the information is not intended to be used against the patient. Immediate law enforcement activity depends on this disclosure, and the activity would be materially and adversely affected by waiting for the individual's consent. **No consent is required.**
- Decedents. 45 CFR 164.512(f)(4) permits health care providers to disclose protected health information about a decedent in order to alert law enforcement of the death if it is suspected that the death resulted from criminal conduct. No consent is required.
- Required by law to do so. 45 CFR 164.512(f)(1)(i). For example, state laws commonly require health care providers to report incidents of gunshot or stab wounds, or other violent injuries; and the Rule permits disclosures of protected health information as necessary to comply with these laws.
- To alert law enforcement to the death of the individual. 45 CFR 164.512(f)(4). When there is a suspicion that death resulted from criminal conduct.
- Information about a decedent may also be shared with medical examiners or coroners to assist them in identifying the decedent, determining the cause of death, or to carry out their other authorized duties. 45 CFR 164.512(g)(1).

Signature: _____

Date: _____