

Sample Memorandum

<<LE Agency Official Letterhead>>

Law Enforcement Request for Release of Health Information

To: Privacy Department / Privacy Officer Date: _____
_____ Medical Center, _____ EMS Agency

Patient / Suspect Information	
	Date of Medical Evaluation: _____
Name: _____	Date of Birth: _____
Home Address (if known): _____	

The above referenced individual was evaluated at your medical facility or by your EMS agency on or around the date indicated. The individual now is the subject of an authorized investigation by this law enforcement agency. The medical condition and any injuries identified during the medical evaluation are pertinent to this investigation.

Pursuant to 45 CFR §164.512(f)(1)(ii)(C), this agency hereby requests information regarding patient condition and injuries.

- Nature and severity of all injuries caused by or related to law enforcement interaction or use of force
- Other injuries or medical conditions present at the time of evaluation, as pertinent to medical treatment, hospitalization, and outcome
- Other: _____

This agency, in accordance with 45 CFR §164.512(f)(1)(ii)(C), hereby certifies that:

- 1) the information sought is relevant and material to a legitimate law enforcement inquiry;
- 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; and
- 3) de-identified information could not reasonably be used.

Thank you for your immediate attention.

Investigator Information and Contact / Reply Numbers

Investigator Name (print legibly)

Investigator ID No.

Signature

Case or Incident Number

(____) _____
Phone

(____) _____
Fax

E-mail