



Privacy Office

Law Enforcement Request for Protected Health Information Report

AU Health, a covered entity, may disclose protected health information to an official law enforcement officer provided the request meets the requirements set forth in CFR 45 164.512. If a request is made during business hours please contact the Privacy Office at (706)721-0900 or privacy@augusta.edu for guidance.

Please remember to properly identify any individual presenting as law enforcement or other government official by requesting to see a badge and ensuring that written requests for disclosures are on official letterhead.

I. GENERAL INFORMATION	
Date of Request	Date of Disclosure
Law Enforcement Agency	How did Law Enforcement Make the Request? <input type="checkbox"/> Telephone <input type="checkbox"/> Email or Fax (Provide copy) <input type="checkbox"/> Verbal
Name of Requesting Officer and Badge No.	Contact Information
Name of Patient	MRN
Pursuant to a law enforcement request please obtain the following verbal affirmations :	
<input type="checkbox"/> The PHI is relevant and material to a legitimate law enforcement inquiry. <input type="checkbox"/> This request is specific and limited in scope to the extent reasonably practicable for the purpose. <input type="checkbox"/> De-identified information is not sufficient.	
II. TYPE OF LAW ENFORCEMENT REQUEST	
<input type="checkbox"/> Administrative Request Law enforcement officer/official provided one of the following (please include a copy): <input type="checkbox"/> Court Order <input type="checkbox"/> Court ordered warrant <input type="checkbox"/> Subpoena <input type="checkbox"/> Summons <input type="checkbox"/> Non-emergent Administrative Request (written requests other than court order, subpoena, and etc.)	
<input type="checkbox"/> Identification and/or location of a: <input type="checkbox"/> Suspect <input type="checkbox"/> Material Witness <input type="checkbox"/> Missing Person <i>Please check which information is disclosed (you may only provide the following):</i> <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Date and place of birth <input type="checkbox"/> Social security number <input type="checkbox"/> ABO blood type and RH factor <input type="checkbox"/> Type of injury <input type="checkbox"/> Date and time of treatment <input type="checkbox"/> Date and time of death <input type="checkbox"/> Description of distinguishing physical characteristics	

- Height
- Weight
- Gender
- Race
- Eye color
- Presence or absence of facial hair
- Scars
- Tattoos

Victim of a Crime

If a law enforcement official is requesting PHI of victim of a crime, indicate the one of the justifications:

- Individual agrees to the disclosure
- We are unable to obtain the individual's agreement due to incapacitation or other emergency circumstances provided that (chose a-c):
 - a. Law enforcement indicates the information is needed to determine if a crime was committed **by someone other than the victim**
 - b. Law enforcement indicates that immediate law enforcement activity that depends on the disclosure would be **hindered by waiting** until individual is able to give authorization
 - c. Covered entity determines that the disclosure is in the **best interest** of the individual

Decedent if death may have resulted from criminal conduct

We may disclose PHI about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if the covered entity has a suspicion that such death may have resulted from criminal conduct.

Crime on AU premises AU PD Case No

We may disclose to a law enforcement official PHI that we believe in good faith constitutes evidence of criminal conduct that occurred on the premises of AU/AUHS.

Reporting crime in an emergency

When we provide emergency health care in response to a medical emergency, other than such emergency on the premises of AU/AUHS, we may disclose PHI to a law enforcement official if such disclosure appears necessary to alert law enforcement to:

- a. *The commission and nature of a crime;*
- b. *The location of such crime or of the victim(s) of such crime; and*
- c. *The identity, description, and location of the perpetrator of such crime.*

Method of Disclosure

Attach copies of any paper document provided to this request.

- Verbal
- Paper
- Fax
- Email

Describe the PHI disclosed

- Admission date and or time
- Discharge date and time
- Discharge disposition

- Clinical Condition
- Prognosis
- Other

Name of Individual Providing PHI

Contact Information

Privacy Office Case No.