



Law Enforcement Information Request In Compliance with HIPAA

I, _____, (name) of the _____

Police Dept. request information concerning _____

(name of individual). The basic underlying facts in support of this request are:

Under one or more of the following HIPAA exemptions, you are authorized to furnish information to me because I am a law enforcement officer who is attempting to:

- **Identify or locate a suspect, fugitive, witness or missing person.** 45 CFR 164.512(f)(2). You may specifically provide:
 - ___ Name and address
 - ___ Date and place of birth
 - ___ Social Security Number
 - ___ Blood Type and RH Factor
 - ___ Type of Injury
 - ___ Date and time of treatment
 - ___ Date and time of death
 - ___ Distinguishing characteristics
- **Learn about a crime that may have taken place on these premises.** 45 CFR 164.512(f)(5) and 45 CFR 164.503(j)(2).
- **Prevent a serious risk to health or safety.** 45 CFR 164.512(j)(1)(i) and (2).
 - ___ To a threatened person
 - ___ From a violent person
 - ___ From a person who may have escaped from custody
- **Identify or apprehend a person who admitted to participating in a violent crime.** 45 CFR 164.512(j)(1)(ii)(A) and 45 CFR 164.512(j)(2)(3).
- **Investigate any type of gunshot (including BB), significant burn injury, or knife wound.** 45 CFR 164.512(f)(1)(i) and G.L. c. 112, § 12A.

