

**LAW ENFORCEMENT OFFICIAL'S REQUEST FOR
PROTECTED HEALTH INFORMATION**

CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION

TO: _____ DATE: _____
(Name of institution, individual, or department)

RE: _____
(Case name and number, and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). See 42 U.S.C. § 1320(d) et seq. (2002). See also Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. § § 160 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago Police Department.

I am serving this administrative request on you so that I may receive the protected health information of:

Name: _____

Birth Date: _____

Social Security Number: _____

In accordance with 45 C.F.R. § 164.512(f), I certify that:

- (1) The information sought is relevant and material to a legitimate law enforcement inquiry, including alleged incidents of child abuse, child neglect, or domestic violence;
- (2) This 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 cannot be reasonably used.

(Signature of Requestor)

(Name of Requestor) (Please print)

(Star Number and Unit of Assignment)

(Telephone Number of Requestor)

R.D. No.
