The University of Chicago Medical Center

Verification of Law Enforcement's Immediate Need of Information About a Patient Victim

This form is to be completed by any physician/licensed healthcare provider treating the patient.

Patient's Name: _____
Last First Middle

Medical Record Number: _____

You may place a patient label here instead of completing this information.

If the patient is a victim of a crime, then upon written confirmation that a police officer immediately needs the patient victim's health information, you may disclose patient information related to the crime. Pursuant to 42 CFR Sec. 164.512(f)(3), you must verify that a*ll of the following 4 elements are met*. Initial next to each element.

_____ I cannot obtain the patient's consent because of incapacity or other emergency circumstances; and

_____ The officer represented to me that the information is needed to determine whether a violation of law by a person other than the victim has occurred and information is not intended to be used against the victim; and

_____ The officer represented to me that immediate law enforcement activity that depends on the disclosure would be materially and adversely affected by waiting until the patient is capable of giving consent; and

_____ Disclosure is determined in my professional judgment to be in the best interest of the patient.

You may either complete this form and place it in the medical record, or document compliance with these four elements in the medical record.

Examples of patient information you can provide are:

- the medical condition and prognosis
- information about a wound or injury
- information shared by the patient about the crime

Name & Badge Number of Requesting Officer: _____

Physician/Licensed Healthcare Provider Signature: _____

Date: _____