



**EMS Records Custodian**  
445 N. REXFORD DRIVE  
BEVERLY HILLS, CA 90210  
(310) 281-2700  
Email: BHFDRrecords@beverlyhills.org

(Official Use Only)

Received On:

Received By:

## LAW ENFORCEMENT REQUEST FOR PROTECTED HEALTH INFORMATION

### A. Patient Information (Complete all information known):

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### B. Incident Information (Complete all information known):

**Incident Date and Time:** \_\_\_\_\_

**Incident Location:** \_\_\_\_\_

### C. Requesting Party Information

**Name and Title:** \_\_\_\_\_ **Badge No:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

### D. Identification Verification

Submit the following to the BHFD EMS Division along with this form:

- The person requesting the medical information must submit a photocopy of his/her agency identification card with photograph along with this form.
- The person picking up the requested medical information must present his/her agency identification card with photograph upon pickup.

### E. Protected Health Information Requested

I am requesting copies of the following Beverly Hills Fire Department (BHFD) information pertaining to the above-named BHFD patient:

Electronic Prehospital Care Summary Report (ePCR)

Nurse Practitioner Report

Other Documents: \_\_\_\_\_

**F. Basis for Requested Disclosure of Protected Health Information**

PHI can be released under HIPAA [45 CFR 164.512(f)] to law enforcement officials, without the individual’s written authorization, under specific circumstances outlined below: (Please check all that apply)

Written authorization of the patient (attach written authorization).

To comply with a court order or court-ordered warrant, subpoena, or summons issued by a judicial officer, or a grand jury subpoena.

To respond to an administrative request, to include an administrative subpoena or summons, a civil or an authorized investigative demand (the administrative request must include a written statement that the information is relevant and material, specific and limited in scope, and de-identified information cannot be used).

Disclosure to law enforcement for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.

Disclosure to law enforcement in response to a request about an individual who is suspected to be a crime victim. The requesting party must comply with the additional requirements set forth in 45 CFR 164.512(f)(3).

Disclosure to law enforcement because the nature of the wound or physical injury of the above-named patient/victim requires reporting/disclosure.

Disclosure to law enforcement to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.

*The California Confidentiality of Medical Information Act allows disclosure to a law enforcement agency when required for an investigation of unlawful activity, unless the disclosure is otherwise prohibited by law (Civil Code 56.104(d) and 56.30(g)). Information from a psychotherapist if necessary to prevent a serious and imminent threat (Civil Code 56.104(e), by search warrant (Civil Code 56.10(6)), or for investigation of elder/dependent adult abuse.*

**G. Signature**

By signing below, I understand that requesting the disclosure of patient health information, any of which may be used to identify a patient as such, for any reason other than marked above, is unlawful and is subject to penalty under both Health and Human Services, Office of Civil Rights and or California Department of Healthcare Services, Office of HIPAA Compliance. I acknowledge that I will engage in ‘minimum necessary’ practices when working with said patient health information. I acknowledge that I will handle said patient health information in accordance with my Department’s Records Policy and Procedure. Lastly, I acknowledge that I am requesting said patient health information apart from the consent of the patient (secondary to reason(s) listed above) and pursuant to said disclosure, will inform the patient and or their legal representative of said disclosure.

Requesting Party Signature:

Date:

**Please return this form and supporting documents to either of the following:**

BHFD  
Attn: EMS Records Custodian  
445 N. Rexford Dr.  
Beverly Hills, CA 90210

OR

Email: [BHFDRecords@beverlyhills.org](mailto:BHFDRecords@beverlyhills.org)  
Fax: (310) 278-2449

*\*For questions or assistance in completing this form, please contact us at (310) 281-2700.*