LAW ENFORCEMENT ADMINISTRATIVE REQUEST

For Identification and Location Purposes Only

TO: Acadian Ambulance Service

FROM: _____ (Requesting Agency)

RE: Identification/Location of a Suspect, Fugitive, Material Witness, or Missing Person

1. AUTHORIZED REQUESTER INFORMATION

Name of Officer/Investigator: _____

Badge/ID Number: _____ **Title:** _____

Agency Name: _____

Official Agency Email: _____

2. PATIENT/SUBJECT INFORMATION

Name: _____

Date/Time of Service: _____ **Location of Service:** _____

3. LEGAL ATTESTATION

In accordance with **HIPAA § 164.512(f)(2)**, I certify that the information requested is necessary for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person involved in a legitimate law enforcement inquiry.

4. LIMITED SCOPE OF DISCLOSURE

I understand that per Federal Law, an Administrative Request **limits** the disclosure of Protected Health Information to the following data points only (Initial each):

[ ] Name and Address

[ ] Date and Place of Birth

[ ] Social Security Number

[ ] ABO Blood Type and Rh Factor

[ ] Type of Injury

[ ] Date and Time of Treatment / Death

[ ] Description of Distinguishing Physical Characteristics (Scars, Tattoos, etc.)

> **NOTICE:** This request **DOES NOT** authorize the release of clinical narratives, Patient Care Reports (PCRs), medical histories, or toxicology results. Such information requires a Court-Ordered Subpoena or Search Warrant.

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5. SIGNATURE & VERIFICATION

I certify that the above information is true and that I am authorized by my agency to make this request.

Signature: _____ Date: _____