

**RELEASE TO LAW ENFORCEMENT**  
(For Use When No Authorization or Court Order is Provided)  
Cameron University Health Plan

The HIPAA Privacy Rule (45 C.F.R. §164.512(f)) permits the University Health Plan to disclose protected health information (PHI) to a law enforcement official\* for specified purposes in response to a request for the information. **The law enforcement official must complete and sign this form.** Contact the Office of Legal Counsel if you have questions (405-271-2033).

I, \_\_\_\_\_ (officer's name and rank), Badge No. \_\_\_\_\_ of the  
\_\_\_\_\_ (name of the agency and jurisdiction, e.g., Lawton Police Department)

represent that there is an ongoing investigation regarding potential criminal activity. I am making an official request for the protected health information for this individual: First name: \_\_\_\_\_

Last name: \_\_\_\_\_ Birthdate: \_\_\_\_\_.

The information I request is: \_\_\_\_\_

covering these dates: \_\_\_\_\_.

**LAW ENFORCEMENT TO CHECK ONE:**

- (1)  The individual is suspected to be the victim of abuse, neglect, or domestic violence. I represent:
- a. The individual is unable to agree to the release because of incapacity, and
  - b. The information released will not be used against the victim, and
  - c. Immediate law enforcement activity depends upon this disclosure and would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

OR

- (2)  The individual is or is suspected to be a victim of a crime, and
- a. The individual has agreed to the disclosure or is incapacitated and cannot agree or there is an emergency that prevents obtaining agreement; AND
  - b. The information is needed to determine whether a crime occurred and will not be used against the victim; AND
  - c. Immediate law enforcement activity depends upon this disclosure and would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

**NOTE: The University must agree that a disclosure in this category is in the patient's best interests.**

OR

- (3)  I am trying to determine the identity and location of the individual, who is a suspect, fugitive, material witness, or missing person. I acknowledge I am not entitled to any information related to DNA, DNA analysis, dental records, or typing/samples/analyses of bodily fluids or tissue. I understand that I am entitled only to the following at most:
- a. name and address
  - b. date and place of birth
  - c. Social Security number
  - d. ABO blood type and rh factor
  - e. type of injury
  - f. date and time of treatment
  - g. date and time of death, if applicable
  - h. distinguishing physical characteristics

OR

- (4)  The information is necessary to avert a serious threat to the health or safety of the patient or to the health or safety of another or of the public, and
- a. I am in a position to avert or lessen that threat, or
  - b. The individual has admitted to participating in a violent crime that caused injury to a victim, or
  - c. The individual escaped from law enforcement custody.

OR

- (5)  The information constitutes evidence of criminal conduct that occurred on University premises.