

**LOS ANGELES CITY FIRE DEPARTMENT****Law Enforcement Request for Protected Health Information**

EMS Records Unit, 200 N. Main St, Rm 1620, Los Angeles, CA 90012

Phone: (213) 978-3648

www.lafd.org/safety/ems-billing-medical-records**LAFD Official Use Only**

Received On: _____

Incident Date: _____

RTS Number: _____

Approved On: _____

Approved By: _____

Instructions: Please complete and sign this form. Return to: LAFD.EMSRecords@lacity.org**A. Patient Information** (Complete all information known.)

Name: _____ Birth Date: _____

Address: _____

B. Incident Information (Complete all information known.)

Incident Date and Time _____ Incident No: _____

Incident Location: _____

C. Requesting Party Information

Name and Title: _____ Badge No: _____

Work Address: _____

E-mail Address: _____ Phone No: _____

I am employed by: _____ in the _____ Division.

(Name of Law Enforcement Agency)

I am making this request for protected health information (PHI) in my capacity as a:

- ☐ Peace Officer/Police Officer/Detective (under CA Penal Code § 830.1, which discusses the authority of Peace Officers as to public offenses within their jurisdiction).
- ☐ Internal Affairs Investigator (under CA Penal Code § 832.5 to investigate a complaint from a member of the public against a peace or custodial officer).
- ☐ Other: _____ pursuant to _____.
(Title) (Code Citation)

D. Identification Verification

Submit the following to the LAFD EMS Records Unit:

- 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 with identification card with photograph upon pick up.

E. Protected Health Information RequestedI am requesting certified copies of the following Los Angeles City Fire Department (LAFD) information pertaining to the above-named LAFD patient: *(Check all that apply.)*

- ☐ Electronic Prehospital Care Summary Report (ePCR) (Commonly referred to as "Run Sheet/Report.")
- ☐ Audio Recording of 9-1-1 Call
- ☐ Other document(s): _____

*******CONTINUE ON TO PAGE 2 OF THIS FORM.*******

**LOS ANGELES CITY FIRE DEPARTMENT
LAW ENFORCEMENT REQUEST FOR PROTECTED HEALTH INFORMATION**

F. Basis for Requested Disclosure of Protected Health Information

This request is being made pursuant to one of the following exceptions:

- ☐ 1. **Written authorization of the patient.** [45 CFR §§ 164.508(c)(1)-(4)]. (*Attach written authorization.*);
- ☐ 2. **Disclosure to law enforcement because the nature of the wound or physical injury of the above-named patient / victim requires reporting / disclosure.** [45 CFR § 164.512(f)(1)(i)].
- ☐ 3. **Disclosure to law enforcement because a court order, court-ordered warrant, subpoena or summons issued by a judicial officer, a Grand Jury subpoena has been issued.** [45 CFR § 164.512(f)(1)(ii)(A) and (B)]. (*Attach court order, court-ordered warrant, judicial subpoena or summons, grand jury subpoena.*)
- ☐ 4. **An Administrative Request for which response is required by law, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under the law, provided that:**
- The information sought here is relevant and material to a legitimate law enforcement purpose (i.e., investigating crimes, investigating police misconduct, etc). The request is specific and limited in scope to the above-named patient/victim, date, and incident. De-identified information cannot reasonably be used for the law enforcement purpose stated above. [45 CFR § 164.512(f)(1)(ii)(C)].
 - **Explain how this information is relevant and material, specific and limited in scope.** *If citing specific citation or legal authority, attach to completed form:* _____

_____.
- ☐ 5. **Disclosure to law enforcement for limited identification and location of a suspect, fugitive, material witness or missing person.** [45 CFR § 164.512(f)(2)].
- ☐ 6. **Disclosure to law enforcement in response to a request about an individual who is suspected to be a crime victim where either:**
- ☐ **The suspected victim's written consent to the disclosure is attached to this form.**
[CFR § 164.512(f)(3)(i)]. (*Attach written authorization.*); or
 - ☐ **The suspected victim's incapacity and/or other emergency circumstance prevents the ability to obtain his/her authorization.** If the victim's agreement cannot be obtained due to incapacity or other either emergency circumstance, I certify that the information is needed to determine whether a violation of the law by someone other than the victim has occurred, that the information is not intended to be used against the victim, and that the investigation would be materially and adversely affected by waiting until the patient is able to agree to the disclosure. Disclosure is in the best interest of the individual/suspected victim. [CFR § 164.512(f)(3)(ii)(A)-(C)].

G. Acknowledgment: I certify under **PENALTY OF PERJURY** that the foregoing is true and correct.

Requesting Party Signature: _____ Date: _____