

LAW ENFORCEMENT REQUEST FOR RECORDS

Patient Name	Date of Birth
Hospital Name	Date(s) of Treatment
Name of Law Enforcement Agency	Address of Law Enforcement Agency

As a law enforcement officer, by signing below, I verify the following:

- I am a peace officer in the State of Texas conducting an active investigation;
- The information I am requesting is the minimum amount needed for the investigation;
- All records disclosed pursuant to this request will be kept confidential and will be used only by the law enforcement agency for this investigation or in a judicial or administrative proceeding; and
- The following statements checked below are true to the best of my knowledge:

CHILD ABUSE, NEGLECT, OR REPORTABLE OFFENSE

The name patient is a minor and suspected victim of a reportable offense defined under state law, including abuse, physical injury, or neglect.

VULNERABLE OR INCAPACITATED ADULT ABUSE, NEGLECT, OR EXPLOITATION

The name patient is a vulnerable or incapacitated adult who is a suspected victim of abuse, neglect, or exploitation.

DOMESTIC VIOLENCE

The name of patient is a suspected victim of domestic violence. The patient's records are needed to prosecute the domestic violence charge.

CRIMES OTHER THAN THOSE LISTED ABOVE

The name patient is a suspected victim of the following crime: _____.
 I need the information to determine if a person other than the patient has violated the law. This information is not intended to be used against the patient. The patient has not refused to authorize release of this information. If I wait until the patient can agree to the release of his/her records, it would materially and adversely affect the investigation of the crime.

Printed Name of Officer	Title
Signature	Date

For HIM ROI Personnel Use Only

Identification was verified by:

<input type="checkbox"/> Badge number and name of department or agency on badge:
<input type="checkbox"/> Business card (attach copy to this form)
<input type="checkbox"/> Written request on agency letterhead (attach request to this form)
<input type="checkbox"/> Other proof of status (explain)