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

❑ **DOMESTIC VIOLENCE**
The named 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 named 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 Healthcare Personnel Use Only   **Identification was verified by:**

❑ Badge number and name of department or agency on badge:
❑ Business card (attach copy to this form)
❑ Written request on agency letterhead (attach request to this form)
❑ Other proof of status (explain)