

CHANDLER POLICE DEPARTMENT

REQUEST FOR RECORDS
CHILD ABUSE, CHILD SEXUAL ABUSE, NEGLECT OR EXPLOITATION
(CFR § 164.512)

Patient: _____

Patient Date of Birth: _____

Name of Patient's Parent(s) or Guardian(s): _____

Name of Provider: _____

Date of Treatment: _____

Chandler Police Department, 250 E. Chicago St., Chandler, AZ 85225, OR # _____

The undersigned member of the Agency noted above, states that:

- I am a peace officer in the State of Arizona and am conducting an active investigation under ARS § 13-3620.
- The named patient is a minor and suspected victim of abuse, physical injury, neglect or denial of care.
- All records disclosed pursuant to this authorization are confidential and will only be used in a judicial or administrative proceeding or in furtherance of this investigation.
- I am seeking only the minimum amount of patient information the Agency needs for the investigation. The release of this information is authorized under HIPPA pursuant to CFR § 164.512.

Printed name of Officer / Detective

Title

Signed name of Officer / Detective

Date

For hospital personnel to document verification of officer's identity

_____ Badge number and Chandler Police Identification verified: Badge #: _____