

Officer Information

Case Number

Oregon PDMP - IPE PO Box 14450 Portland, OR 97293-0450

Office Use Only			
/			
Date Received			

LAW ENFORCEMENT OFFICIAL'S REQUEST FOR PROTECTED HEALTH INFORMATION

Please fill completely (both pages) and remit with appropriate Court documents to the address listed above.

If a disclosure of prescription monitoring information complies with the federal Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191) and regulations adopted under it, the Oregon Health Authority shall disclose the information: Pursuant to a valid court order based on probable cause and issued at the request of a federal, state or local law enforcement agency engaged in an authorized drug-related investigation involving a person to whom the requested information pertains. ORS 431.966

In addition to any other penalty provided by law, the Attorney General may impose a civil penalty not to exceed \$10,000 for each violation of ORS 431.964, 431.966 or 431.968.

First Name MI Last Name Title Badge Number Agency Name Address City/State Zip Supervisor's Name Office Phone Date Range for Report To

Health

Subject Information

First Name	MI	Last Name	
Address		City/State	Zip
DOB (mm/dd/yyyy)			
Is/was the subject known by (list other names below)	other names?		
1			
2.			
Does/did the subject have of (list other addresses below)	her addresses?		
1			
2			
Enclose a separate sheet wi	th additional names an	d addresses	
I am a law enforcement off Act (HIPAA). See 42 U.S.C		e Health Insurance Portability an 002).	d Accountability
Signature of Officer		Date	
Signature of Officer's Supe	ervisor	Date	

