



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 both pages completely 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

NOTE: A subpoena is not sufficient for the PDMP to release information. A law enforcement agency must provide a search warrant signed by a judge or a court order signed by a judge that indicates there is probable cause for the judge to issue the order.

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.

Officer Information

First Name

MI

Last Name

Title

Badge Number

Agency Name

Address

City/State

Zip

Supervisor's Name

Office Phone

Date Range for Report

From

To

Case Number

Subject Information

First Name	MI	Last Name
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Address	City/State	Zip
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DOB (mm/dd/yyyy)

Is/was the subject known by other names?
(list other names below)

1. _____

2. _____

Does/did the subject have other addresses?
(list other addresses below)

1. _____

2. _____

Enclose a separate sheet with additional names and addresses

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). See 42 U.S.C. § 1320(d) et seq. (2002).

Signature of Officer	Date
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Signature of Officer's Supervisor	Date
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