

Request for records – Child abuse or neglect

Patient: _____

Patient date of birth: _____

Name of patient's parent(s) or guardian(s): _____

Name of hospital: _____

Date of treatment: _____

Name and address of law enforcement agency/police department: _____

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.

Printed name of officer/detective

Title

Signed name of officer/detective

Date

For hospital personnel to document verification of officer's identity (check one):

_____ Badge number and name of department/agency on badge: _____

_____ Business card (keep copy and attach to this form)

_____ Written request on letterhead (keep copy and attach to this form)

_____ Other proof of status (explain; keep copy and attach to this form if in writing)
