

**Polk County  
Judicial or Legal Request for  
Protected Health Information (PHI)**

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Date: \_\_\_\_\_

Provide the Name, Title, Organization and Phone Number of person making request or accepting information:

Provide a description of the request (specifying the type of patient and PHI that will be included and/or patient's name, SSN or other identifier):

This disclosure is:

- ' In response to the attached order from a court or administrative tribunal and will include only the PHI expressly authorized by the order.
- ' In response to the attached subpoena, discovery request or similar lawful process. However, because this request is not accompanied by an order from a court or administrative tribunal, the requestor of this disclosure has also attached either:
  - ' A signed written statement assuring Polk County that the recipient:
    - C Has made a good faith attempt to provide the attached written notification to the patient or (if the patient's address was unknown) sent it to the patient's last known address; and
    - C The notice included enough information to permit the patient to object to this disclosure; and
    - C The time for that objection to the court or tribunal has elapsed; and
    - C No objections were raised or they were resolved in a manner that allows for this disclosure; or
  - ' Proof that the requestor has made a reasonable effort to get a protective order that will prohibit use or disclosure of the PHI for any purpose other than the legal proceeding and requires the return or destruction of the PHI and all copies when the proceedings are concluded. The protective order can be an order of the court or administrative tribunal, or stipulation from the disputing parties. The attached proof of reasonable effort to get a protective order must be either:

- C The protective order; or
  - C A signed written statement that the disputing parties have agreed to a protective order and have presented it to the court or administrative tribunal of jurisdiction; or
  - C A signed written statement from the recipient that the recipient has requested a protective order from the court or administrative tribunal of jurisdiction.
- ' Rather than provide the above-referenced assurance that the requestor tried to give notice to the patient or supply proof of an effort to obtain a protective order, the requestor is asking Polk County to send the notice or obtain the protective order. Polk County is not obliged to do so merely because this request has been made.

- ' In compliance with the attached administrative request such as an administrative subpoena or summons, a civil investigative demand, authorized investigative demand or similar process authorized by law that:
- C Is relevant and material to a law enforcement inquiry; and
  - C Limits the amount of information requested to only what is reasonably necessary for this purpose; and
  - C Cannot be de-identified (stripped of all information that would reveal the patient's identity).

Signature of requestor/recipient \_\_\_\_\_ Date: \_\_\_\_\_

Print name of requestor/recipient \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Polk County staff disclosing the information:

\_\_\_\_\_ Date: \_\_\_\_\_