

Date: _____

To: Charleston Dorchester Mental Health Center
4100 Charlie Hall Blvd
Charleston, 29414

Pursuant to South Carolina Code Section 44-22-100 (A)(4) the

(Name of Law enforcement Agency) _____ is
demanding immediate access to all or otherwise specified records on the following individual:

Name: _____ Records Requested: _____

Date of Birth: _____

Location: _____

This request is in reference to Investigation Case Number: _____

If these records are not obtained at the time of this request, please call _____
when the demanded records are available for inspection or the said records have been copied.
Arrangements will be made at that time to obtain them. If there are no records located within
your agency or facility on the above individual, please notify the requesting agent of such.

This Department is aware to the Patient Privacy Protections as afforded by the Health Insurance
Portability and Accountability Act of 1996 (HIPAA). The *Standards for Privacy of Individually
Identifiable Health Information* as developed by the Department of Health and Human Services
(HHS) permit disclosure of the requested records to this Department. See attached Federal
Regulation 45 CFR 164.512(f) (1). Other reference material is provided for your understanding.

Thank you for your cooperation in this matter,

Sincerely,

(Signature) _____

(Print Name) _____

(Title) _____