

FORM DPS-229 - Iowa Law Enforcement Notification for Discharge of Patient Admitted Under Emergency Procedure

Effective July 1, 2010, Iowa Code Section 229.22 requires notification of a specified law enforcement agency prior to discharge of a patient brought to a hospital or facility for emergency mental health treatment by a law enforcement agency for whom an arrest warrant has been issued or charges are pending. A hospital or facility must make such notification when required by court order or when a written request has been made by a law enforcement officer pursuant to Iowa Code Section 229.22.

This form must be utilized for a notification request by a law enforcement officer, and may be utilized in conjunction with a court order, however, Iowa law does not require that this form accompany a court ordered notification requirement.

A notification required under Iowa Code Section 229.22 necessitates the disclosure of certain elements of a patient's individually identifiable Protected Health Information (PHI), as authorized under the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191 and 45 C.F.R. pts. 160-64. The elements of PHI included in this notification form may be disclosed for law enforcement purposes pursuant to 45 C.F.R. Sec. 164.512 (f) (1). This disclosure authorization is a limited exception that does not include authorization to redisseminate information included in this form. This form, once completed, is a confidential record.

This form may only be used to make notification prior to discharge of persons admitted for evaluation or treatment using the emergency procedure specified in Iowa Code Section 229.22. A facility or hospital that has been notified by a peace officer of the requirement to make notification prior to discharge by delivery of this form, that does not notify the law enforcement agency about the discharge, is subject to a civil penalty as provided in Iowa Code section 805.8C.

PATIENT INFORMATION:

First Name	Middle Name	Last Name
Date of Birth (M/D/Y)	Social Security #, Drivers License #, or Nonoperator ID # (if known) (circle one)	

Description of Patient's Distinguishing Characteristics (height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos etc...) **COMPLETE ONLY IF NAME OF PATIENT IS UNKNOWN**

DELIVERING LAW ENFORCEMENT OFFICER & AGENCY INFORMATION:

First & Last Name of Officer	Badge # of Officer	Name of Officer's Law Enforcement Agency
Signature of Officer Delivering Patient	Date Form Signed & Delivered (M/D/Y)	Time Form Signed & Delivered

LAW ENFORCEMENT AGENCY TO BE NOTIFIED PRIOR TO PATIENT DISCHARGE:

Name of Law Enforcement Agency to be Notified	Name of Dispatch Center to be Notified
Email Address to Which Notification Must Be Sent	Telephone # of Dispatch Center to be Notified ((123) 456-7890)

HOSPITAL/FACILITY INFORMATION (to be completed by hospital/facility upon receipt of patient from delivering officer):

Name of Treatment Site, Address of Treatment Site	
First & Last Name of Hospital/Facility Employee <u>Receiving Form</u>	Signature of Hospital/Facility Employee <u>Receiving Form</u>

HOSPITAL/FACILITY NOTIFICATION INFORMATION (to be completed by hospital/facility prior to discharge of patient):

First & Last Name of Hospital/Facility Employee <u>Making Notification</u>	Signature of Hospital/Facility Employee <u>Making Notification</u>
Date Notification Made by Phone (M/D/Y)	Time Notification Made by Phone
Date Notification Made by E-mail (M/D/Y)	Time Notification Made by E-mail
E-mail address from which notification was sent	

NOTE: Federal privacy laws require e-mail notification regarding patient discharge to be sent securely – use of encryption technology or equivalent safeguards is required.