

# MISSINGPATIENT.COM POLICE ACCESS REQUEST FORM

MissingPatient.com provides a nationwide program that assists in the coordination of search and retrieval efforts between the caregiver and law enforcement when a person with Alzheimer's disease or other cognitive brain disorders is discovered missing.

Online patient enrollment is available FREE at [www.MissingPatient.com](http://www.MissingPatient.com). Encourage your community to be proactive by acting before, not after.

Please complete and sign then mail or fax to:

MissingPatient.com  
21 Ocean View Hwy  
Westerly, R.I. 02891  
**Fax:** (866) 482 – 6308

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I, the undersigned, for myself and on behalf of the \_\_\_\_\_ police department in the state of \_\_\_\_\_, is committed to complying with the Standards for Privacy of Individually Identifiable Health Information (the Privacy Regulation) and the Standards for Security of Individually Identifiable Health Information (the Security Regulation) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

You agree not to reproduce, retransmit, disseminate, sell, distribute, perform, display, publish, broadcast, circulate, create new works from, or commercially exploit the MissingPatient.com Alert and ID “the Services” (including the content and information made available through the Services), in whole or in part, in any manner, nor to use the content or information made available through the Services for any unlawful purpose. You agree to access the Services manually by request and not programmatically by macro or other automated means.

No third party access will be granted without written permission from MissingPatient.com. Access to the database will be used for training and emergency purposes only.

Furthermore, I hereby represent and warrant to MissingPatient.com that I have full power and authority, as the duly authorized representative of the above police department.

Should a USER NAME or PASSWORD be compromised, MissingPatient.com will be notified immediately to reissue a new password and/or username at the following E-mail: [admin@missingpatient.com](mailto:admin@missingpatient.com)

Name/Position: \_\_\_\_\_

Address : \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Send USER NAME and PASSWORD to: \_\_\_\_\_  
(Please enter an e-mail address or fax number)

\_\_\_\_\_  
(If agreed, please sign and date) Date: \_\_\_\_\_