

APPENDIX D: TEMPLATES & ATTACHMENTS

POLICE RECORDS PUBLIC INFORMATION REQUEST SAMPLE

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

(Police Department Public Information Custodian)

(Department Name)

(Street Number & Name)

(City, ST ZIP)

Re: Maryland Public Information Act Request

Dear Custodian of Records:

This is a request under the Maryland Public Information Act as amended, General Provisions Article, Sections 4-101 to 601. I would like a copy of all records in your custody and control regarding:

A police stop by _____ (officer name/s), on _____
(date) around _____ (time) at _____ (location),
involving _____ (details) including, but not limited to:

- Any video and/or audio recordings;
- Incident reports;
- Canine unit logs;
- Radio logs;
- Charging documents;
- Traffic violation warnings, tickets, and/or citations;
- Complaint control card;
- Results of test(s) for alcohol concentration;
- Results of test(s) for drugs; and
- all disciplinary records for the officers named in the incident report.

If some portions of the requested records are not disclosable, please provide all disclosable records under the act. If all or any part of this request is denied, please provide the reasons for denial, the legal basis for denial, a brief description of the record, and any available remedies as required by Md. Code, Gen. Prov., § 4-203(c)(1).

Please advise me of the cost for the collection and copies for the records. Also, please inform me of your criteria for fee waivers for inability to pay.

If I do not receive a notice in 10 days and a response in 30 days, I will assume that my request is denied and consider any available remedies. Please contact me with questions about the request at my address or the following phone: _____.

Yours truly,

(sign here)

LOCAL TORT NOTICE LETTER SAMPLE

**Sample Notice of Tort Claim
Under Local Government Tort Claims Act**

Date **Deliver In Person or by
Certified Mail, Return Receipt Requested**

City Solicitor
City Hall
100 North Holliday Street
Baltimore, MD 21202

Dear City Solicitor:

Pursuant to the Annotated Code of Maryland, I hereby submit a claim based upon actions by the Baltimore City Police Department.

1) Summary of Facts [This is just an example to help you determine what *kind* of information to include. You will describe the incident that happened to *you*. Be sure to include the time, the place, and the cause of the damage you sustained.]

On [date], I was approached by Officer [name]... I was later arrested and taken to Central Booking where I was informed that the charges had been dropped. I feel that I was arrested without probable cause.

2) Claims

It is my intention to pursue tort claims against the officer who wronged me in this manner and against Baltimore City, including but not limited to, claims of wrongful arrest under the Fourth Amendment of the U.S. Constitution and Article 24 of the Maryland Declaration of Rights.

3) Damages

I demand \$ _____ in settlement of the claims set forth above. (NOTE: \$400,000 is the maximum amount a local government is allowed to pay per individual claim under the Local Government Tort Claims Act. \$400,000 is the maximum amount under the Maryland Tort Claims Act.)

4) Parties

The Officer involved was [name] of the [District]. I was the victim of this action; my address is listed below.

Sincerely,

[sign your name and then print/type your name, address and phone number]

MARYLAND TORT NOTICE LETTER SAMPLE

**Sample Notice of Tort Claim
Under Maryland Tort Claims Act**

Date **Deliver In Person or by
Certified Mail, Return Receipt Requested**

Dereck E. Davis
c/o Insurance Division
Louis L. Goldstein Treasury Building
80 Calvert Street, Room 442
Annapolis, MD 21404

Dear Mr. Davis:

Pursuant to the Annotated Code of Maryland, I hereby submit a claim based upon actions by the Maryland State Police.

1) Summary of Facts [This is just an example to help you determine what *kind* of information to include. You will describe the incident that happened to *you*.. Be sure to include the time, the place, and the cause of the damage you sustained.]

On [date], I was approached by Office [name]... I was later arrested and taken to Central Booking where I was informed that the charges had been dropped. I feel that I was arrested without probable cause.

2) Claims

It is my intention to pursue tort claims against the officer who wronged me in this manner and against Baltimore City, including but not limited to, claims of wrongful arrest under the Fourth Amendment of the U.S. Constitution and Article 24 of the Maryland Declaration of Rights.

3) Damages

I demand \$ _____ in settlement of the claims set forth above. (NOTE: \$400,000 is the maximum amount the state is allowed to pay per person per incident under the Maryland Tort Claims Act.)

4) Parties

The Officer involved was [name] of the [District]. I was the victim of this action; my address is listed below.

Sincerely,

[sign your name and then print/type your name, address and phone number]

LOCAL TORT NOTICE GOVERNMENT ADDRESSES

**Addresses for Notice of Tort Claim
Pursuant to the
Local Government Tort Claims Act**

If the incident involved an employee or agency of a *local* government (for example, a county or municipality), send your letter (either in person or by certified mail, return receipt requested, as follows:

<u>For incident in:</u>	<u>send letter to:</u>
Baltimore City	City Solicitor City Hall 100 North Holliday Street Baltimore, MD 21202

[Note: If your complaint is against the Baltimore City Police Department, you should also send a letter claiming damages under the Maryland Tort Claims Act to: Dereck E. Davis; c/o Insurance Division; Louis L. Goldstein Treasury Building; 80 Calvert Street, Room 442; Annapolis, MD 21404.]

<u>for incident in:</u>	<u>send letter to:</u>
Howard County	County Executive
Montgomery County	County Executive
Anne Arundel County	County Attorney <u>or</u> County Solicitor
Baltimore County	County Attorney <u>or</u> County Solicitor
Frederick County	County Attorney <u>or</u> County Solicitor
Harford County	County Attorney <u>or</u> County Solicitor
Prince George’s County	County Attorney <u>or</u> County Solicitor
All other Maryland counties	County Commissioners <u>or</u> County Council <u>or</u> “corporate authorities of ... local government” (for municipalities)

PATIENT MEDICAL RELEASE FORM

AUTHORIZATION TO DISCLOSE INFORMATION

Patient Name: _____ Date of Birth: _____ DOC# _____

1. I, _____ [patient], hereby authorize _____ [institution] (“you”) to furnish full and complete medical records, including records containing private health information, or a copy thereof, requested by _____ [designee]. For purposes of this authorization, “information” means all records or knowledge concerning my health, any injuries, medical history, mental and physical conditions, before and after the date of this authorization, regardless of the time of occurrence. For purposes of this authorization, the term “records” includes, but is not limited to, written or graphic documentation, including notes, billing records or statements, sound recordings, computer records and diagnostic documentation such as X-rays, lab test results, or other test results. This authorization also extends to the release of any records received by you from other providers.

2. You are requested to cooperate and communicate directly with _____ [designee] and furnish such information as may be requested and to assist in the collection of any and all information requested. You should not disclose information to any other person without my written authorization unless required by law to do so.

3. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

4. This information may be disclosed to and used by _____ [designee]. I agree that: (1) This authorization overrides any existing agreement to restrict information pursuant to 45 CFR 164.502(b)(2)(ii); (2) I understand that I have a right to revoke this authorization in writing by mailing the revocation to _____ [designee] or to _____ [institution] (“you”); (3) A copy of this authorization is as valid as an original; (4) I understand that the information provided pursuant to this release might be re-disclosed as necessary for purposes of representing me and no longer protected under HIPAA; and (5) I have read and understood this authorization.

5. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing. I understand the revocation will not apply to information that has already been released in response to this authorization. This authorization will expire **two years** from the date written below, opposite to my signature.

6. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in 45 CFR 164.524. I understand any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Patient Signature

Date