



**Las Vegas Metropolitan Police Department
Office of Public Information**

★ 400 E. Stewart Avenue ★ Las Vegas, NV ★ 89101-2984

828-3394 Fax 828-1550

March 21, 2008

Douglas C. Gillespie, Sheriff

FOR IMMEDIATE RELEASE

Director Carla Alston
Sgt. John Loretto
Officer Jose Montoya
Officer Martin Wright
Officer Bill Cassell
Officer Ramon Denby

Endoscopy Clinic Patient Files Request For Records

Event # 080229-2576

On Monday, March 10, 2008, the Las Vegas Metropolitan Police Department, along with the Federal Bureau of Investigation, and the Nevada Attorney Generals Office executed search warrants at several medical centers, two of which have reported cases of Hepatitis:

(1) Gastroenterolgy Center of Southern Nevada / Endoscopy Center of Southern Nevada, 700 Shadow Lane, Suite 165A, 165B and 470, Las Vegas, Nevada.

(2) Desert Shadow Endoscopy Center / Gastroenterolgy Center of Nevada, 4275 Burnham Ave, Suite 101 and 101B, Las Vegas, Nevada.

During the search of these offices approximately 2025 boxes of files were recovered. The security and maintenance of these files have been the highest priority of the Las Vegas Metropolitan Police Department. During the past week, these records have been catalogued to assist in disseminating them back to patients.

However, the manner in which these files were maintained at the clinics makes it difficult to locate individual patient files. Therefore, it is requested that all patients consult with their primary care providers to obtain their patient records. Additionally, due to the time it takes to locate individual patient files, it is requested that all non-emergency requests are stayed until emergency patient requests can be fulfilled.

Emergency requests for patient records can be made by filling out a Medical Records Request Form, which can be located at any Las Vegas Metropolitan Police Department substation starting **Monday, March 24, 2008**. In order to protect patients from improper requests, patients will be required to sign the form and provide proper picture identification at the time the request is submitted. These requests will be honored as soon as each file can be located, copied and returned.

The following is a list of all LVMPD substations with addresses, phone numbers, and times of operation. We ask all media outlets to please post this information on your respective websites.
(Please see 2nd Page)

Bolden Area Command

1851 Stella Lake St.

828-3347

8 a.m. - 6 p.m. Mon. - Fri.

8 a.m. - 4 p.m. Sat.

Downtown Area Command

621 N. 9th Street

828-4348

8 a.m. - 6 p.m. Mon. - Fri.

8 a.m. - 4 p.m. Sat.

Northeast Area Command

831 N. Mojave Rd.

828-3403

8 a.m. - 8 p.m. Mon. - Fri.

8 a.m. - 4 p.m. Sat.

Northwest Area Command

9850 W. Cheyenne Ave.

828-3426

8 a.m. - 8 p.m. Mon. - Fri.

8 a.m. - 4 p.m. Sat.

South Central Area Command

4860 S. Las Vegas Blvd.

828-8272

8 a.m. - 8 p.m. Mon. - Fri.

8 a.m. - 6 p.m. Sat.

Southeast Area Command

3675 E. Harmon Ave.

828-3206

8 a.m. - 8 p.m. Mon - Fri.

8 a.m. - 4 p.m. Sat.

Southwest Area Command

5925 W. Spring Mountain Rd.

828-2843

8 a.m. - 8 p.m. Mon - Fri.

8 a.m. - 4 p.m. Sat.

**Las Vegas Metropolitan Police Department
MEDICAL RECORDS REQUEST FORM**

EV# 080229-2576

You will receive copies of your medical records. All information is necessary to locate your records. Your records will be returned to the LVMPD Substation where this form was submitted.

Please PRINT legibly and complete entire form.

Patient Personal Information			
(Last Name)	(First Name)	(Middle Name)	
(Street address)			
(City, State, Zip Code)			
- -	/ /	()	- -
(Social Security #)	(Date of Birth)	(Contact Phone #)	
Please check location(s) of Procedure:			
<input type="checkbox"/> Gastroenterology Center of So. NV / Endoscopy Center of So NV - 700 Shadow Las Vegas, NV <input type="checkbox"/> Desert Shadow Endoscopy Ctr / Gastroenterology Center of NV - 4275 Burnham Ave. Las Vegas, NV <input type="checkbox"/> Gastroenterology Center of Nevada - 3150 N. Tenaya Las Vegas, NV <input type="checkbox"/> Gastroenterology Center of Nevada - 5915 Rainbow, Suite 105 Las Vegas, NV <input type="checkbox"/> Gastroenterology Center of Nevada - 2610 W. Horizon Ridge, Henderson, NV <input type="checkbox"/> Gastroenterology Center of Nevada - 1815 E. Lake Mead Blvd., Suite 207 North Las Vegas, NV			
Was this Clinic your primary care provider? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Dates of Colonoscopy or Endoscopy Procedure(s):			
If known, name(s) of Physician performing procedure(s)?			
Is this request for? <input type="checkbox"/> Medical <input type="checkbox"/> Legal			
<input type="checkbox"/> Other (Explain purpose of request, use, or disclosure):			
If known, your 5 or 6 digit patient number (ex: 56890 or 239765):			
Any other information that would be helpful to us to locate your records:			
			/ /
Signature of Patient or Guardian			Date
LVMPD USE ONLY Identification of patient must be attached to request. If requesting person is not the patient, then a notarized Power of Attorney (POA) from patient must be presented and verified. Attach a copy to this request as well as copies of Identification of both patient/requestor.		Photo ID Provided <input type="checkbox"/> Yes <input type="checkbox"/> No	POA verified and copy attached
		(POA Name)	(initial & P#)
(Name of person taking request)		P#	(Date of request)
(Area Command)		(Date of request)	

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Don't forget to visit our web site
www.lvmpd.com or www.protectthecity.com