FIRE DEPARTMENT – REQUEST FOR RECORDS

This form is to be utilized to request copies or review documents in the possession of The City of Fountain, subject to the provisions and restrictions of the Open Record Act (C.R.S. Article 72). Copies are subject to applicable charges. Total charges may vary for records that require extensive preparation, retrieval or research efforts involving staff time of 30 minutes or more. Where total charges are in excess of $10, prepayment is required. Cost estimates shall be provided to the customer prior to providing the services requested and payment shall be rendered prior to the commencement of work.

☐ I am requesting review of my records
☐ I authorize the release of my records to a third party

Patient information (PRINT)

Name: _____ DOB: _____ SSN: XXX-XX-_____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Request to send records to?

Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

What would you like released? Check all that apply
☐ Patient Care Report   ☐ Fire Report (not for fire investigations)   ☐ Traffic Accident Report

Date of Incident/Service: _____ to _____

Purpose of Disclosure:
☐ Personal Use   ☐ Litigation/Legal   ☐ Insurance   ☐ Continuation of Care

Delivery Method:
☐ Email   ☐ Fax   ☐ Pick-up (City of Fountain, City Hall)   ☐ Postage (additional fee may apply)

For Office Use Only:
☐ Approved   ☐ Denied   If denied, reason (if applicable): _____
Processed by: _____ Date: _____

Protected Health Information Definition

Under Health Insurance Portability and Accountability Act (HIPAA) of 1996, protected health information (PHI) is considered to be individually identifiable information relating to the past, present, or future health status of an individual that is created, collected, or transmitted, or maintained by a HIPAA-covered entity in relation to the provision of healthcare, payment for healthcare services, or use in healthcare operations (PHI healthcare business uses).

Health information such as diagnoses, treatment information, medical test results, and prescription information are considered protected health information under HIPAA, as are national identification numbers and demographic information such as birth dates, gender, ethnicity, and contact and emergency contact information. PHI relates to physical records, while electronic Protected Health Information (ePHI) is any PHI that is created, stored, transmitted, or received electronically.

PHI only relates to information on patients or health plan members. It does not include information contained in educational and employment records that includes health information maintained by a HIPAA covered entity in its capacity as an employer.

PHI is only considered PHI when an individual could be identified from the information. If all identifies are stripped from health data, it ceases to be protected health information and the HIPAA Privacy Rule's restrictions on uses and disclosures no longer apply.

Patient's Signature:

I hereby authorize the City of Fountain, Fire Department and its affiliates to release or disclose to the person(s) or organization listed above, all medical records requested, which I understand may include specially protected information such as those relating to psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia or HIV infection. This authorization is valid for 12 months from the date of signature. I understand that I may cancel this request with written notification but that it will not affect any information released prior to notification cancellation. I understand that the information used or disclosed may be subject to re-disclosure by the recipient listed above and will no longer be protected by federal regulations. I understand I can refuse to sign this authorization and my healthcare provider may not condition treatment on my signing this authorization.

Patient's Signature: _____ Date: _____

Relationship to Patient: _____

_____

For Official Use Only:

Summary of description of documents provided/reviewed: _____

_____

_____

Estimate or Actual Costs: Estimate approved by

Copies: _____ pages x $.25 per page = $_____   Requestor: _____

Research Time: _____ hrs/min x $25.00 = $_____   Date: _____

Miscellaneous charges   = $_____

(No charge for fire ½ hours)   Total   = $_____

Prepayment Required?: Y   N   Payment Received: Date:_____ Amount: _____