



CENTRAL ARIZONA FIRE AND MEDICAL AUTHORITY

EMS / FIRE INCIDENT REPORT REQUEST

Request for Public Records (A.R.S. Title 39)

All Incident Report requests should be submitted on the attached EMS / Fire Incident Report Request form. (The requestor must indicate if the purpose for the request is commercial in nature, in the space provided.) There is a \$2.00 fee per request for all mailed documents. All requests without the required information, documentation and full payment, will be returned to the requestor. If you do not have the necessary incident information, you may contact the Authority's Administration Office at (928) 772-7711. The following are necessary requirements when requesting either Emergency Medical Service (EMS) or Fire Reports from the Central Arizona Fire and Medical Authority.

EMS Incident Reports are provided free of charge to the patient, and with a valid HIPAA authorization signed by the patient, any other individual involved in the incident. Others may purchase the EMS records at a cost of **\$20.00 per report** with a valid HIPAA authorization signed by the patient.

Emergency Medical Service (EMS) Incident Report request requirements:

- ◆ EMS reports are considered confidential medical records, and are protected by privacy laws.
- ◆ A patient has a right to a copy of his or her EMS report. The request must be in writing and signed by the patient.
- ◆ Most third party requests require either a HIPAA authorization signed by the patient or a court order. However, there are certain exceptions to these requirements including, but not limited to, requests from: the patient's health care decision maker, another healthcare provider currently treating the patient or a grand jury subpoena.
- ◆ A report for a deceased individual may be given by the Authority to the personal representative of the estate upon presentation of the death certificate and court order showing the appointment of the personal representative.
- ◆ A report may be released to a healthcare decision maker (or an individual who is authorized to make health care treatment decisions for the patient, including the parent of a minor or an agent pursuant to a healthcare power of attorney).
- ◆ Subpoenas from the Authority Attorney's Office or the Office of the Medical Investigators (OMI) do not require a HIPAA authorization signed by the patient.
- ◆ The EMS / Fire Incident Report Request must be submitted in person to the Central Arizona Fire and Medical Authority Administrative Office, 8603 E. Eastridge Dr., Prescott Valley, Arizona 86314. (unless the request is made by another health care provider, government agency, private accreditation agency, business associate or by court order or subpoena).
- ◆ The individual making a report request must provide photo identification.
- ◆ The guardian of a minor making a report request must provide proof of legal guardianship.

Fire Incident / Investigation Reports are considered to be a matter of public record; however, there may be some portions of that report that are private and not subject to disclosure. In addition, the casualty report associated with the fire incident / investigation report is treated as a confidential EMS incident report, and is protected by privacy laws. Fire incident / investigation reports are free to occupant and property owner; others may purchase them for **\$20.00 per report**. To obtain any available pictures associated with the fire incident / investigation in a compact disc format, an additional **\$10.00** will be charged. Any required additional film development fees will be assessed at the actual cost for picture reproduction.



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PLEASE COMPLETE THIS FORM IN FULL.

If the requestor is a court-appointed personal representative of a deceased patient, the requestor must include a copy of the death certificate and court order showing the appointment as a personal representative.

If the requestor is a legal guardian of a minor, the requestor must provide proof of legal guardianship (and photo identification.)

The information requested below must be completed in full. Requests without the required information will be returned to sender. If you do not have the necessary incident information, you may contact the Administration Office at (928) 772-7711.

REQUESTOR NAME: _____

RELATIONSHIP TO PATIENT: _____

If parent of patient, and patient is a minor, is patient an emancipated minor? yes/no

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

Date of Incident: _____ Approximate Time of Incident: _____

Address of Incident: _____

(If you do not know the address, include the cross streets.)

Type of Incident: _____

If a HIPAA authorization signed by the patient is required, please indicate the purpose of the request (i.e., discovery request):

- Documents to be viewed only, no copies required.
- Documents to be mailed. ***An additional charge of \$2.00 will apply to all mail requests**
- Documents will be picked up.
- The requested documents will not be used for commercial purposes.

COMPLETE THIS SECTION "ONLY IF" THE REQUEST IS FOR A COMMERCIAL PURPOSE

A.R.S. §39-121.03D Commercial purpose includes any use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from public records to another for the purpose of solicitation or for any purpose where the purchaser can reasonably anticipate the receipt of monetary gain from direct or indirect use of the record. When a person requests copies of District records for commercial purposes, a statement setting forth the commercial purpose for which the copies will be used must be provided.

If the request is for commercial purposes, please indicate how these records will be used:

Requestor Signature _____ **Date** _____

Please return this form, along with a valid HIPAA authorization signed by the patient, if applicable, full payment and any other documentation required *in person* to:

Central Arizona Fire and Medical Authority
 Custodian of Records
 8603 E. Eastridge Dr.
 Prescott Valley, AZ 86314

Checks must be made payable to: Central Arizona Fire and Medical Authority

Please Note: Public records are in various locations within the Authority. The Authority requests that a reasonable amount of time be expected for responding to any requests to copy or inspect Authority records. The Authority may require additional time to process more difficult requests and if so, an estimated timeframe will be provided to the requester.

FIRE AUTHORITY USE ONLY			
Incident Number _____	Date Request Received _____	Date Processed _____	Processed By _____
			Employee / Division Notified <input type="checkbox"/>
Request Approved <input type="checkbox"/>	Request Denied <input type="checkbox"/>	Disposition _____	
Authorized By: _____		Date: _____	
Copies \$ _____	Postage \$ _____	Other \$ _____	Total Amount Received \$ _____
			EMS Records:
			Viewed <input type="checkbox"/>
			Mailed <input type="checkbox"/>
			Faxed <input type="checkbox"/>
			Picked Up <input type="checkbox"/>