



Cimarron Hills Fire Department

1835 Tuskegee Place Colorado Springs, CO. 80915 Office: (719) 591-0960 Fax: (719) 591-0996

REQUEST TO OBTAIN PUBLIC RECORDS (CORA Request)

Please provide complete information. Missing information may result in a delayed response to your request.

Requestor Information

Name: _____ Date: _____ Phone Number: _____

Address: _____

Email: _____

Requested Information

Fire Incident Medical Incident Other: _____

Occurred on ____ / ____ / ____ at ____ am/pm Incident # _____

Location: _____

Name of Patient: _____ Is the patient a minor? YES NO

What is the requestor's relationship to the patient?

Self/Patient Parent/Guardian Executor/Administrator of Estate Other _____

By signing below, I agree to uphold all laws pertinent to the released document(s) and will not redistribute the document without the direct permission of the Cimarron Hills Fire Protection District.

Signature: _____ Print: _____ Date: _____

EMS Reports (Medical Services Rendered). Patient authorization is required for release

- Where requester is patient (photo identification required)
- Parent may pick up a report with birth certificate (of child) and picture ID (of parent)
- If deceased, a death certificate and proof of executor of the estate are required.
- An original notarized medical release is required if an insurance company or attorney is requesting a report
- Worker's Compensation – requires a notarized letter from the employer or from the patient.

Fire Reports.

Fire Reports, with the exception of a casualty report, are public records. Casualty reports follow the same guidelines as EMS reports.

Cimarron Hills Fire Protection District (CHFPD) Records Management is responsible for providing the community with EMS and Fire Reports while ensuring that all reports are released in compliance with the Health Insurance Portability and Accountability (HIPAA) Act of 1996 and confidentiality laws.

Office Use Only

Request Received on ____ / ____ / ____ at _____, By _____

Incident Number _____ Date of Release ____ / ____ / ____

Released via in-person pick up email 1st class mail Fee Collected _____ for # pages _____

Signature/EID of Releasing Member _____ Printed _____