



Request to Obtain Public Records

Cimarron Hills Fire Protection District
A Community Centered *Family* Department

PLEASE COMPLETE IN FULL

Requester Information

Name: _____ Date: _____ Phone Number: _____

Address: _____

Email: _____

Requested Information

Fire Incident: _____ Medical Incident: _____ Other: _____

Occurred on date: _____ at _____ am/pm Incident # _____

Location: _____

Name of Patient: _____ Is patient a minor? Yes: _____ No: _____

What is the requestor's relationship to the patient?

Self: _____ 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. Additionally, I understand and accept that requested incident reports, to include medical reports, are extracted from 3rd party software and are not available in an accessible digital format via email as they may not be altered.

Signature: _____ Print: _____ Date: _____

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

- Where requestor is patient (photo identification required)
- Parent may pick up 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 the report.
- Worker's Compensation – requires a notarized letter form the employer or from the patient

Fire Reports, with the exception of casualty reports, are public record. 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.

FOR OFFICE USE ONLY:

Request Received on date: _____ at time: _____ by: _____

Incident Number: _____ Date of Release: _____

Released via **in-person pickup**: _____ **email**: _____ **1st class mail**: _____ Fee collected: _____ pages: _____

Signature of Releasing Member: _____ Printed: _____