

## North County Fire Protection District

# Fire/EMS Incident Report Request Instructions

California Public Records Act (Government Code 6250)

**CHARGES.** Emergency Incident reports are provided free of charge to the all members of the public. These reports are general dispatch reports only. EMS reports are considered confidential medical records and are protected by privacy laws. However, with a valid HIPAA authorization form signed by the patient, these reports will be provided free of charge to the patient, or any party the patient has identified in the Authorization form.

**REQUESTS.** All incident report requests should be submitted on the attached Request for Incident Report Form. All requests without the required information will be returned to the requestor. If you do not have the necessary incident information, you may contact the District's Administration Office at (831) 633-2578. The following are necessary requirements when requesting either Fire Incident Reports or Emergency Medical (EMS) from the North County Fire Protection District.

### **Fire Incident / Fire Investigation Reports**

Fire 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 report is treated as a confidential EMS report, and is protected by privacy laws. To obtain any available photographs associated with the fire investigation in either compact disc format or photo reproduction, the District will charge the actual reprint/multimedia reproduction costs.

### **Emergency Medical Service (EMS) Reports**

- 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. A copy of photo identification (drivers license) must accompany and be attached to the request prior to release of the report.
- 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 District 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 District Attorney's Office do not require a HIPAA authorization signed by the patient.
- The EMS report request must be submitted in person to the North County Fire Protection District Administrative Office, 11200 Speegle Street, Castroville, CA 95012 (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.

**North County Fire Protection District**  
**Request Form for Fire/EMS Incident Report**

California Public Records Act (Government Code 6250)

**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 (831) 633-2578.

REQUESTOR NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Incident Address: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

**EMS Incident Reports & HIPAA Authorization Forms**

A HIPAA Authorization Form is required if this report is requested by any party other than the patient or a court ordered subpoena of records. Court Orders do not require additional information, however, patient's MUST provide photo identification in person before the report can be released. **A copy of their photo ID shall be attached to the completed Incident Request Form.**

Please return this form, along with a valid HIPAA Authorization signed by the patient, if applicable, in person to:

**North County Fire Protection District**  
**11200 Speegle Street**  
**Castroville CA 95012**

**Fire District Use Only**

Incident # \_\_\_\_\_  
Date Rcv'd: \_\_\_\_\_  
Date Picked Up: \_\_\_\_\_  
Initials: \_\_\_\_\_

Please note: It is District policy to fulfill public record requests with 7 days of receipt of request. The District may require additional time to process more difficult requests and if so, an estimated time frame will be provided to the requestor.

Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

I, \_\_\_\_\_, hereby authorize North County Fire Protection District to  
(Name of patient)

release the following health information: \_\_\_\_\_

\_\_\_\_\_

to \_\_\_\_\_  
(Name and title or facility name to receive health information)

\_\_\_\_\_

For the following purpose: \_\_\_\_\_

\_\_\_\_\_

This authorization is in effect until \_\_\_\_\_ (date or event), when it expires one year from date of signature located below.

\_\_\_\_\_

I understand that by signing this authorization:

- I authorize the use or disclosure of my individually identifiable health information as described above for the purpose listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke that authorization at any time. The revocation must be made in writing and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I am signing this authorization voluntarily and treatment, payment, or my eligibility for benefits will not be affected if I do not sign this authorization.
- I further understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the medical information unless another authorization is obtained from me or unless such disclosure is specifically required or permitted by law.

Signed by Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Or Signed by Personal Representative:  
\_\_\_\_\_  
Date: \_\_\_\_\_  
(Print Name and Provide Signature)  
  
On behalf of \_\_\_\_\_  
(Name of Patient)

## IDENTIFYING INFORMATION

- ✓ NCFD Employee: Request, View, and make a copy of Identification. Attach a copy for District records.

Type of ID: \_\_\_\_\_ (CA Driver's License, CA DMV ID Card, birth certificate, benefits identification card, managed care card, state or federal employee ID card, etc.)

Document Number \_\_\_\_\_

## IF NO IDENTIFICATION IS ATTACHED, YOUR SIGNATURE MUST BE NOTARIZED.

Notarized by: \_\_\_\_\_

ON \_\_\_\_\_ (Date).

Notary Public Number \_\_\_\_\_

**NOT OFFICIAL UNLESS STAMPED BY NOTARY PUBLIC**

## PERSONAL REPRESENTATIVE INFORMATION

You MUST provide a copy of the legal authority you have to make medical decisions for the patient listed on the EMS report. What authority do you have?

- PARENT
- GUARDIAN
- MEDICAL POWER OF ATTORNEY
- CONSERVATOR
- EXECUTOR OF WILL
- OTHER \_\_\_\_\_

**NOTE:** Attaching legal documentation is required to verify that you are the parent, conservator, guardian, executor of a decedent's will, or have medical decision-making authority for the individual.