



SCCFD Incident Report Request Form

The Santa Clara County Fire Department proudly serves the areas of Campbell, Cupertino, Los Altos, Los Altos Hills, Los Gatos, Monte Sereno, and Saratoga.

REQUESTOR INFORMATION

Requestor Name: Phone: () -
Email: Street Address:
City: State: Zip:

INCIDENT INFORMATION

Incident Date: Incident Time: Type of Incident:
Incident Location (Street Address & City):
Comments:

I am requesting the Santa Clara County Fire Department record type(s) selected below (check all boxes that apply):

Table with 2 columns: NFIRS INCIDENT REPORT and EMS/MEDICAL REPORT*. Each column contains a checkbox, a description of the report type, and specific instructions for requestors.

Record Release: In an effort to conserve paper, County Fire sends incident reports via email in PDF format. If you do not have email access, please advise the records clerk at the time of your request.

Turnaround time: Requestors will be contacted when their request is received. Report requests are typically fulfilled within 10 days of receipt.

Requestor Signature: Date:

Requests can be sent via:

- 1. Mail: Santa Clara County Fire Department, Attn: Records
14700 Winchester Boulevard, Los Gatos, CA 95032
2. E-mail: publicrecords@sccfd.org
3. Fax: (408) 341-4499 (Attn: Records)



Emergency Medical Services (EMS) Report Request

Health Insurance Portability and Accountability Act (HIPAA) [45 c.f.r. § 164.500 *et seq.* (2003)]
California Confidentiality of Medical Information Act (CCMIA) [Civil Code § 56 *et seq.*]

Emergency Medical Service (EMS) Reports

EMS reports are considered confidential medical records, and are protected by privacy laws. Use the (*Authorization for Release of Protected Health Information pdf*) form to request the record. A **clear legible** copy of photo identification (driver's 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.

The Department may give a report for a deceased individual to the personal representative of the estate with completed (*Authorization for Release of Protected Health Information pdf*) a copy of the death certificate and court order showing the appointment of the personal representative.

A report may be released to the guardian of a minor (with proof of legal guardianship), 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) with completed (*Authorization for Release of Protected Health Information pdf*).

Subpoenas from the District Attorney's Office do not require a HIPAA authorization signed by the patient.

If you are requesting EMS records:

Complete and submit the *Request Form for Fire/EMS Incident Report* and *Authorization for Release of Protected Health Information Form* by email at publicrecords@sccfd.org or mail to:

Santa Clara County Fire Department
Attn: Records
14700 Winchester Boulevard
Los Gatos, CA 95032



Authorization for Release of Protected Health Information

This authorization for use or disclosure of Protected Health Information is intended to satisfy the requirements of the Health Insurance Portability and Accountability Act (HIPAA) [45 c.f.r. § 164.500 et seq. (2003)] and the California Confidentiality of Medical Information Act [Civil Code § 56 et seq.].

Review and complete the authorization carefully. Failure to provide all of the requested information may invalidate the authorization. Email the completed form and supporting documents to publicrecords@sccfd.org. Contact 408-378-4010 and ask to speak to the records clerk if you have questions about this form.

PATIENT INFORMATION

Patient Full Name: Incident Number (if known):

Incident Date: Incident Location:

REQUESTING PARTY INFORMATION

Requestor Full Name: Phone:

Company/Organization: Email:

Address:

- Relationship to Patient: Parent of Minor, Parent of Disabled Adult, Legal Guardian, Beneficiary, Executor of Estate, Power of Attorney, Law Enforcement, Subpoena, Patient Authorized Representative, Spouse/Significant Other, Self

If you are not the patient, you MUST provide a copy of the legal authority you have to make medical decisions for the patient listed on the medical report. If the patient is deceased, a copy of the death certificate must be included with request.

SUBSTANTIATING INFORMATION

Submit the following with your request:

- A clear copy of your Driver's License or DMV-Issued Identification Card, whether or not you are the patient. (Exceptions are made for Representing Attorney and Law Enforcement)
Documentation of legal representation/responsibility, if you are not the patient.

FORMAT OF RECORD RELEASE

I request the record to be released in the following manner:

- Mail, Fax, In-person pick up at SCCFD Headquarters

Limitation of the Type of Information to Disclose:

- No limitations on the type of information to disclose, Limited to:

PATIENT AUTHORIZATION

By submitting this form, I hereby voluntarily authorize the Santa Clara County Fire Department to release this medical record.

As the patient, if I am authorizing the release of my medical record to the representative noted above, I understand that the release only pertains to the disclosure of the record described herein. This authorization shall expire immediately after the disclosure.

I also understand that information used or disclosed may be subject to re-disclosure by the person, agent, class of persons or facilities receiving it, and may no longer be protected by state and federal confidentiality laws. If you are the parent of a minor and represent as such, you agree to hold harmless the Santa Clara County Fire Department from damages regarding the disclosure.

I hereby understand and agree that requests for electronic copies of my medical records from the Santa Clara County Fire Department in electronic form via email may not remain confidential due to the unsecure nature of email transmission. I further understand and agree that the Santa Clara County Fire Department, and its employees and/or agents, are not liable in any manner for the disclosure of information transmitted via email request, by virtue of electronic disclosure through an unsecured email system.

I understand that I have the right to revoke this authorization at any time. The revocation must be made in writing and will not affect information that has already been used or disclosed.

Patient Signature: Date:

OR

Signature from Other (NOT patient): Date:

I have been advised of my right to receive this authorization and request a copy of it when PCR is released.