



Platteville Gilcrest Fire Protection District

P.O. Box 407
303 Main Street
Platteville, CO 80651
970.785.2232 • FAX 970.785.0139

PUBLIC RECORDS REQUEST INFORMATION AND INSTRUCTION SHEET

In accordance with C.R.S. Title 24, Article 72 Public Records (CORA) and the District's CORA Policy

Instructions

1. Complete this form, providing as much information as possible. Listed below are specific instructions that need to be followed when submitting a records request:

- If the records request is a fire service activity history search no range of addresses will be accepted. Each address being requested must be listed separately on the form.
- The release of medical records is governed by the Health Insurance Portability and Accountability Act (HIPAA). In order to fill a records request for Emergency Medical Services (EMS) information, one or more of the following criteria must be met:
 - The patient is 18 years of age or older with one of the following:
 - Requestor is the patient and has an original or a copy of a photo ID.
 - Requestor has notarized authorization and a copy of a photo ID from the patient.
 - Protected Health Information form and a photo ID
 - Requestor has a notarized power of attorney for the patient.
 - If the patient is under 18 years of age, one of the following is required:
 - Requestor is a parent of the minor patient and has an original or notarized copy of the minor patient's birth certificate naming the parent.
 - Requestor has an original or notarized copy showing Court appointed guardianship of the minor patient.
 - Requestor has an original or notarized copy of the patient's birth certificate or Court appointed guardianship papers and a notarized letter stating that the parents or guardian of the minor patient allow the requestor to have the information.

2. Submit the records request form with any applicable payment to:

- Platteville Gilcrest Fire Protection District
Attn: Records Custodian
PO Box 407
303 Main Street
Platteville, CO 80651

3. Record requests will be accepted from walk-ins but may not be available at that time.

4. Record requests may be mailed, emailed to you or picked up when ready. Allow 3 business days for processing and up to 10 business days for delivery.

Ambulance and medical billing information is not provided through the Fire District. Please contact Quick Med Claims 1-800-367-9111



Platteville Gilcrest Fire Protection District

PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM

Instructions

- 1) Complete this form, providing as much information as possible. Failure to do so may delay processing.
- 2) If the report is not available at the time of your request, it will be mailed or emailed to you when it becomes available. Allow three business days for processing and up to 10 business days for delivery.

Hours of Operation: Monday - Friday, 7:30 am – 4:00 pm (Closed Saturday/Sunday/District Holidays)

___ Fire Department Incident Report

___ Fire Incident Investigation Report

___ USB of Fire Investigation Photos (*Must provide your own USB drive*)

Date of Incident: _____ Time of Incident (if known): _____

Address of Incident: _____

Incident Number (if known): _____

___ Fire History Report:

Address(es): _____

___ EMS Report

Patient Name (first and last): _____

If under age 18 years old at date of incident, provide age at date of incident: _____

___ Other (please describe in detail): _____

Requesting party information (please print):

Mailing address if different (please print):

Name (first and last)

Name (first and last)

Street Address

Street Address

City State Zip

City State Zip

Home (Cell) Phone

___ Please Mail Report

___ Please call when ready for pick up

Work Phone

___ Please email: _____

I hereby certify that the requested records will not be used for commercial purposes.

Signature

Date

Received By _____

Date: _____

Processed By: _____

Date: _____

Reason for Redaction: Privacy Confidentiality Best Interest of the District



Authorization for Release of Medical Information HIPAA Compliant

This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards

Patients full name

Date of Birth

Social Security #

Release from:

Platteville Gilcrest Fire Protection District
PO Box 407
Platteville, CO 80651

Release to:

Name

Relation to Patient (ID or documentation required)

*Allow 3 business days for processing and up to 10 business days for delivery

Information Requested:

_____ All records contained in your database **Date Range** _____

_____ Other _____

I understand that the information to be released may include information regarding the following conditions: Drug abuse, HIV, alcoholism, sexually transmitted disease, and psychological or psychiatric conditions.

I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization in writing at any time, except in the event that action has already been taken. If this release is signed by a representative other than the named patient, by signing this release, that person represents that he or she is legally authorized to execute this release. If not revoked earlier, this authorization expires automatically upon one year.

This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d-1329-8 and 45 C.F.R. 160-164.

Once information is disclosed pursuant to this signed authorization, I understand that the federal privacy law (45 C.F.R. parts 160 and 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit recipient from re-disclosing it.

Signature of Patient or Authorized Representative

Date

Person Authorized to Sign for Patient
(Print Name-State How Authorized)