



Fire Department

8401 E. Indian School Road
Scottsdale, AZ 85251

PHONE 480-312-1999

WEB www.Scottsdalefd.com

PUBLIC RECORDS REQUEST INFORMATION AND INSTRUCTION SHEET

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.

NOTE: The below guidelines are for requesting medical records are for receiving a NON-redacted copy of the record. Without the below guidelines being met, a REDACTED copy of the records will be released when a properly filled out Public Records Request form is submitted.

- 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 a photo ID.
 - Requestor has a Scottsdale Fire Department authorization of Disclosure of Protected Health Information form and a photo ID.
 - Requestor has a valid power of attorney or court order for the patient and photo ID.
 - If the patient is under 18 years of age, one of the following is required:
 - Requestor has an original or notarized copy of the patient's birth certificate.
 - Requestor has an original or notarized copy showing Court appointed guardianship of the 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 allow the requestor to have the information.

2. Submit the records request form with payment to:

- City of Scottsdale Fire Department
Attn: Records Custodian
8401 E Indian School Road
Scottsdale, Arizona 85251
- Payment must accompany this request or it will be returned.

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

4. Record requests may be mailed to you or picked up when ready.

Cost:

Operations Incident Report	\$ 5.00
EMS Encounter Report	\$ 5.00
Fire Scene Investigation Report	\$ 5.00
Fire Scene Photos on CD	\$ 5.00
Fire Service Activity History Search	\$10.00 (per location)
Other Requests (Per City Clerk Fee Schedule)	\$.25 per page



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CITY OF SCOTTSDALE 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 to you when it becomes available.

Hours of Operation: Monday - Friday, 8:00 am - 6:00 pm (Closed Saturday/Sunday/City Holidays)

Emergency Medical Services (EMS) patient encounter form (\$5.00)

Operations Incident Report (\$5.00)

Fire Investigation (\$5.00)

CD of Fire Investigation Photos (\$5.00)

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

Address of incident: _____

Incident # (if known): _____

EMS Only: Patient Name (first and last) _____

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

Fire Service Activity History Search (\$10.00 per location)

Address(es): _____

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

Work phone Home phone

Please mail report
Please call when ready for pickup

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

Signature

Date

Received By: _____

Processed By: _____

Date: _____

Date: _____

Cash ___ Check ___ Check# _____

Mailed By: _____ Date: _____

Reason for Redaction: Privacy Confidentiality Best Interest of the Government



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FAX 480-312-1887
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Authorization for Release of Medical Records

Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Date of Incident: _____ Time of Incident: _____ Incident #: _____

Location of Incident: _____

Relationship to Patient (Check One): I am the Patient Parent/Guardian if under 18 Personal Representative Power of Attorney for the Patient Attorney with signed authorization from the Patient

Name of Requester, if not the Patient: _____

Pursuant to A.R.S §12-2294, I authorize the disclosure of Emergency Medical Services records to the following persons/entities listed below:

Name: _____

Address: _____

Name: _____

Address: _____

Patient/Authorized Signature: _____ Date: _____

- In order to fill a records request for Emergency Medical Services (EMS) information, one or more of the following criteria must be met and the supporting documents must be attached to this request:
 - 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 a signed authorization and a copy of a photo ID from the patient.
 - Requestor has a notarized power of attorney for the patient
 - Requestor meets the requirements of A.R.S §12-2294 (D) in the event the patient is deceased.
 - If the patient is under 18 years of age, one of the following is required:
 - Requestor is a parent and has an original or certified copy of the patient's birth certificate listing him or her as a parent.
 - Requestor has an original or certified copy showing court appointed guardianship of the patient.
 - Requestor has an original or certified copy of the patient's birth certificate or court appointed guardianship papers and a letter stating that the parents or guardian authorize release of the records to the requestor.