

# MONTEREY COUNTY REGIONAL FIRE DISTRICT

19900 Portola Dr., Salinas, California 93908 (831) 455-1828 Fax (831) 455-0646

[www.mcrfd.org](http://www.mcrfd.org)



Michael B. Urquides, Fire Chief  
David J. Sargenti, Deputy Chief

Eric Ulwelling, Division Chief/Training  
Kevin Kamnikar, Division Chief/Fire Prevention  
David Craddock, Division Chief/EMS & Safety

## 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. Please use the ([Authorization for Release of Protected Health Information pdf](#)) form to request the record. A **clear legible** 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 HIPPA 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 HIPPA 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](#) by email to [kkuntz@mcrfd.org](mailto:kkuntz@mcrfd.org) or mail to:

Monterey County Regional Fire District  
Attn: Records  
19900 Portola Drive  
Salinas, CA. 93908

*Serving the Northern Salinas Valley, Highway 68 Corridor, Communities of Chualar,  
East Garrison, Carmel Valley, Mid Carmel Valley & Santa Lucia Preserve*

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## Request Form for Fire/EMS Incident Report

I am requesting the Monterey County Regional Fire District record types selected below:

- INCIDENT REPORT.** Report created by the Incident Commander that complies with the rules of the National Fire Reporting System (NFIRS)
- FIRE INVESTIGATION REPORT.** Not all fires have a Fire Investigation Report. Depending on the incident complexity and other factors a report may not be completed for weeks or months.
- EMS/MEDICAL REPORT.** A patient authorization form is required if the report contains confidential medical information and 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 before the report can be released. A copy of their photo ID shall be attached to the completed Fire/EMS Incident Request Form.

The information requested below must be completed in full. Requests without the required information will be returned to the sender. If you do not have the necessary incident information, you may contact the Monterey County Regional Fire District Administration Office at (831) 455-1828 or by email at: [kkuntz@mcrfd.org](mailto:kkuntz@mcrfd.org)

**Please note:** We try to process requests within 10 working days. The District may require additional time to process more difficult requests and if so, an estimated time frame will be provided to the requestor.

### Please type or write clearly:

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Incident Date: \_\_\_\_\_

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

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

Reason for Request: \_\_\_\_\_

Please return this form to:

*Medical report requests: must include this form, a valid HIPPA Authorization and supporting documentation by the patient (if applicable)*

Monterey County Regional Fire District  
Attn: Records  
19900 Portola Drive, Salinas CA 93908  
or email to: [kkuntz@mcrfd.org](mailto:kkuntz@mcrfd.org)

### Fire District Use Only

Incident Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

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## 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 (HIPPA) [45 c.f.r. § 164.500 *et seq.* (2003)] and the California Confidentiality of Medical Information Act [Civil Code § 56 *et seq.*].

Please review and complete the authorization carefully. Failure to provide all of the requested information may invalidate the authorization.

### Patient Information

Patient Name (first middle last): \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Number (if known): \_\_\_\_\_

Incident Location: \_\_\_\_\_

### Requesting Parties Information

Name of Requestor: \_\_\_\_\_ Phone: \_\_\_\_\_

Company/Organization: \_\_\_\_\_ Email: \_\_\_\_\_

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

### Relationship to Patient:

- Parent of Minor     Parent of Disabled Adult     Legal Guardian     Beneficiary  
 Patient Authorized Representative     Power of Attorney     Representing Attorney     Law Enforcement  
 Subpoena     Spouse/Significant other

**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.**

### Format of Record Release

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

- In person     Mail

Limitation on 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 Monterey County Regional Fire District 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 the Monterey County Regional Fire District harmless from damages regarding the disclosure.

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 the PCR is released.

### Substantiating Information

Please 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.

**Submit this form to the address/email at the top of this page.**