THE CITY OF PEORIA FIRE-MEDICAL DEPARTMENT

REQUEST FOR EMS INCIDENT REPORT

Request for Public Records (A.R.S. Title 39)

If the requester is not the patient or patient's guardian, then HIPAA compliant authorization to release medical records signed by the patient or patient's guardian or a legal subpoena for medical records **must** accompany this request. A photo ID is required.

REQUESTOR INFORMATION

REQUESTERS NAME/BUSINESS _____

PATIENT NAME: _____

HOME ADDRESS: _____

CITY:_____STATE:_____ZIP:_____

TELEPHONE:_____FAX: _____

Report(s) to be returned to the requestor via:

☐ Emailed to: _____ ☐ Faxed ☐ Mailed ☐ Picked-up

INCIDENT INFORMATION

Incident Number (if known):_____Date of Incident: _____

Location of Incident:_____

Approximate Time of Incident: _____

FIRE DEPARTMENT USE

Date Received _____

Processed Date: _____

Processed By (initials):_____

Please send this completed form to:

Via Mail: PEORIA FIRE-MEDICAL DEPARTMENT 8351 W. CINNABAR AVE
PEORIA, AZ 85345

Via Fax: 623.773.8585

Patient or Guardian Signature (ONLY) **Date**