



**Kingman FIRE DEPARTMENT
Public Records Request Information
And Instruction Sheet
FORM 141.0**



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 for requesting medical records and 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 Kingman 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 certified 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 certified 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 (Payment must accompany this request or it will be returned) to:

City of Kingman Fire Department
Attn: Records Custodian
412 E. Oak Street
Kingman, Arizona 86401

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.



Kingman FIRE DEPARTMENT

Public Records Request Information

FORM 141.0



Instructions:

1. Complete this form, providing as much information as possible. Failure to do so may delay processing.
2. If the report or audio request is not available at the time of your request, it will be mailed to you when it becomes available.

Hours of Operation: Monday-Thursday. 7:00 a.m. to 6:00 p.m. (Closed Friday, Saturday, Sunday, and all City of Kingman holidays.)

- | | |
|---|---|
| <input type="checkbox"/> EMS Incident Report (\$0.20/ pg) | <input type="checkbox"/> Fire Incident Report (\$0.20/ pg) |
| <input type="checkbox"/> Fire Investigation Report (\$0.20/ pg) | <input type="checkbox"/> CD of Fire Investigation Photos (\$5.00) |
| <input type="checkbox"/> CAD Dispatch Log (\$.20/ pg) | <input type="checkbox"/> Dispatch Audio Recording (\$5.00) |
- (internal recording only)*

Date of Request: Department Run Number (DR#):

Date of Incident: Date Range:

Address of Incident:

Requested by:

Requestor's Company (if applicable):

Requestor's Address, City, State and Zip:

Requestor's Phone: Requestor's Fax:

Requestor's Email:

*AUDIO Only Purpose: Commercial Non-Commercial

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 Search (\$10.00 per location) Address(es)

Other (please describe in detail):

Other (please describe in detail):

Other (please describe in detail):

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

Signature: _____ Date:

- Please MAIL report when ready Please CALL ME when the report is ready



Kingman FIRE DEPARTMENT
Authorization for Release of Medical Records
FORM 141.0



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 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.



Kingman FIRE DEPARTMENT
Certification of Records
(Court Use Only)
FORM 141.0



THE ACCOMPANYING RECORDING AND EXPLANATORY MATERIAL IS FROM THE CITY OF KINGMAN FIRE DEPARTMENT 9-1-1 COMMUNICATIONS CENTER. THIS FORM AUTHENTICATES THE ATTACHED DOCUMENT OR MEDIA AND RECORDS REQUEST AND PERTAINS TO:

CAD Dispatch Log

Audio Recording

Case Number:

Department Case Number:

Call Receipt Date & Time:

Caller Name:

Call Origination Location/Address:

Originating Telephone Number:

Call Dispatch Time:

Primary Unit Arrival Time:

9-1-1 Records Custodian Name/Badge#: _____

9-1-1 Records Custodian Signature: _____

Authentication Date & Time: _____



Kingman FIRE DEPARTMENT
Authorization / Denial for Release of Request
FORM 141.0



Approved for Release

Denied for Release

Amendments Made: _____

Date of Release/Denial: _____

Type of identification verified: _____

Identification verified by: _____

Authorized Signature:

Chief Officer Signature

Chief Officer Printed Name

Administration and/or Dispatch Use Only

Received by: Date:

Processed by: Date:

Cash Check # Mailed on:

Reason for Redaction: Privacy Confidentiality Best Interest of Government