



REQUEST FOR PUBLIC RECORDS

NAME OF REQUESTER: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ DATE OF REQUEST: _____ TIME: _____

NATURE OF REQUEST:

1. Identification of records*: _____

2. Inspection only _____

3. Number of copies requested _____

I declare under penalty of perjury under the laws of the State of Washington that I do not intend to use any list of individuals that may be covered by this request for commercial purposes.

Signature _____

***If the identified records include medical records of a District patient, you must also attach a patient authorization form. If you do not have the patient's consent, the records will be redacted unless you identify the legal basis under which patient consent is not required.**

For Office Use Only: Date _____ Time _____

(1) Request Granted _____ Record Withheld _____ Record Redacted _____

(2) If consent is needed, name of individual: _____

(3) If withheld or redacted, identify the exemption contained in chapter 42.56 RCW or other applicable statute that authorizes the withholding of the record or part of record:

(4) If withheld or redacted, explain how the exemption applies to the record withheld:

Signature _____

3. Notification of Action Taken to Requester: _____ Date of Notification: _____

- a) Request granted
- b) Need for additional time How long? _____
- c) Request denied
- d) Record withheld in part

4. If additional time needed, explain why:

5. If request denied or record withheld in part, name the exemption contained in Chapter 42.17 RCW which authorizes withholding or denial:

6. If request denied or record withheld in part, explain how the exemption applies to this record:

7. Request received by: _____ Date: _____
 Forwarded to: _____ Date: _____

FEES

Standard copy charge @ \$.15 per page:
 Charge _____ pages @ \$.15 per page \$ _____
 Other (Refer to Records Request Policy) \$ _____
 Total Fees: \$ _____

DOCUMENTS PROVIDED: DATE: _____
 MAILED: _____
 PICK UP: _____

RECEIT #: _____

DATE: _____

*\$26 copy
 1.12 P/page
 upto 30
 A. 88
 9/10*

Release of Medical Information
Grays Harbor Fire District #2
6317 Olympic Highway
Aberdeen WA 98520

Patient Information:

Name: _____

Date of Birth: _____

Social Security Number: _____

Information Released From:

Grays Harbor Fire District #2
6317 Olympic Highway
Aberdeen WA 98520

For official use only:

Date Received: _____

Received by: _____

Date Reviewed: _____

Reviewed by: _____

Date Processed: _____

Processed by: _____

Date Sent: _____

Information Released To:

Information to be released:

_____ All information regarding my Medical Incident on _____
_____ Medical Records.
_____ Medical Incident Report (MIR/PCR).
_____ EKG.
_____ Billing Information.

Purpose for which disclosure is being made:

_____ Attorney _____ Insurance _____ Review by Doctor _____ Personal

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health information or PHI, in accordance with federal law. You may also have the right to request an amendment to your PHI, or request that we restrict the use and disclosure of it. These rights are further described in our **Notice of Privacy Practices** and in other policies which you may have upon request. **I understand that once the health information I have authorized to be disclosed reaches the noted recipient, the released information falls under their Privacy Practices, Grays Harbor Fire District #2 will no longer be responsible for the redistribution of information released by Grays Harbor Fire District #2 to the patient or their designee.**

Protect Health Information will be made available upon request during normal business hours (8:00 am – 5:00 pm, Monday through Friday [except holidays]), by contacting Chief Prater, District Chief or Philip B. Oldham, EMT-P/District Privacy Officer at (360) 532-6050. Requests may also be faxed, on acceptable **Release of Information Forms** at (360) 532-6075.

Signature:

(Patient, Guardian, or Authorized Representative)

Date:

This authorization will expire 90 days from the date signed.

All requests for PHI and releases will *only* be processed by the District Chief or the District Privacy Officer.