PGFPD PROPERTY OF THE PROPERTY

Platteville Gilcrest Fire Protection District

P.O. Box 407 202 Main Street Platteville, CO 80651 970.785.2232 • FAX 970.785.1224

PUBLIC RECORDS REQUEST INFORMATION AND INSTRUCTION SHEET

In accordance with C.R.S. Title 24, Article 72 Public Records (CORA) and the District's CORA Policy

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.
 - Social media post requests can be found on the official PGFPD social media site page.
 Due to public access of social media pages, anyone can access them, therefore, they will not be provided per record request.
 - 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 an original or a copy of a photo ID.
 - Requestor has notarized authorization and a copy of a photo ID from the patient.
 - Protected Health Information form and a photo ID
 - Requestor has a notarized power of attorney for the patient.
 - If the patient is under 18 years of age, one of the following is required:
 - Requestor is a parent of the minor patient and has an original or notarized copy of the minor patient's birth certificate naming the parent.
 - Requestor has an original or notarized copy showing Court appointed quardianship of the minor 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 of the minor patient allow the requestor to have
 the information.
- 2. Submit the records request form with any applicable payment to:
 - Platteville Gilcrest Fire Protection District Attn: Records Custodian PO Box 407 202 Main Street Platteville, CO 80651
- 3. Record requests will be accepted from walk-ins but may not be available at that time.
- 4. Record requests may be mailed, emailed to you or picked up when ready. Allow 3 business days for processing and up to 10 business days for delivery.

Ambulance and medical billing information is not provided through the Fire District. Please contact EMS Billing Solutions 303-431-6181 or info@emsbsi.com



Platteville Gilcrest Fire Protection District 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 or emailed to you when it becomes available. Allow three business days for processing and up to 10 business days for delivery.

Hours of Operation: Monday - Friday, 7:30 am - 4	:00 pm (Closed Saturday/Sunday/District Holidays)		
Fire Department Incident Report			
Fire Incident Investigation Report			
USB of Fire Investigation Photos (Must pro	vide your own USB drive)		
Date of Incident: Time of Incident (if known):			
Address of Incident:			
Incident Number (if known):			
Fire History Report:			
Address(es):			
EMS Report			
Patient Name (first and last):			
If under age 18 years old at date of incident	dent, provide age at date of incident:		
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		
Home (Cell) Phone	_Please Mail Report		
	Please call when ready for pick up		
Work Phone	_Please email:		
I hereby certify that the requested records will n	ot be used for commercial purposes.		
Signature	Date		
Received By	Date:		
Processed By:	Date:		
Reason for Redaction: Privacy Confidentiali	ty □ Best Interest of the District		



Authorization for Release of Medical Information HIPAA Compliant

This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards

Patients full name	Date of Birth	Social Security #
Release from: Platteville Gilcrest Fire Protection District PO Box 407 Platteville, CO 80651	ct	
Release to:		
Name *Allow 3 business days for processing and up to		n to Patient (ID or documentation required) s for delivery
Information Requested:		
All records contained in your data	abase Date R	ange
Other		
I understand that the information to be a following conditions: Drug abuse, HIV, a psychological or psychiatric conditions.		
I certify that this request has been made above is accurate to the best of my kno authorization in writing at any time, exce taken. If this release is signed by a repr signing this release, that person represe execute this release. If not revoked earl one year.	wledge. I unde ept in the event esentative other ents that he or	rstand that I may revoke this that action has already been or than the named patient, by she is legally authorized to
This release authority applies to any inf Portability and Accountability Act of 199 C.F.R. 160-164.		
Once information is disclosed pursuant the federal privacy law (45 C.F.R. parts not apply to the recipient of the informa- from re-disclosing it.	160 and 164) _[protecting health information may
Signature of Patient or Authorized Repr	resentative	Date
Person Authorized to Sign for Patient (Print Name-State How Authorized)		