



RINCON VALLEY FIRE DISTRICT

Bus. (520) 647-3760
Fax. (520) 647-7102

14550 E. Sands Ranch Road
VAIL, AZ. 85641

Emergency Telephone
911

Public Records Request Information and Instruction Sheet

Instructions:

1. Complete the attached form completing as much information as possible. Listed below are specific instructions that need to be followed when submitting a records request:

- Fill out one request form for each address.
- 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 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 photo ID
- Requestor has a notarized authorization and a copy of a photo ID from the patient.
- Requestor has a notarized power of attorney for the patient and a photo ID.

If the patient is under 18 years of age, one of the following is required:

- Requestor has an original or notarized copy of the patient's birth certificate.
- Requestor has an original or notarized copy of the Court appointed guardianship papers for the 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 allow the requestor to have the information.

2. Submit the records request form to:
Rincon Valley Fire District
Attn: Records Custodian
14550 E. Sands Ranch Rd.
Vail, AZ 85641
3. Record requests will be accepted by mail or from walk-ins and will be reviewed, and a reasonable time set when records may be released.



**Rincon Valley Fire District
Public Records Inspection and Copy Request Form**

Please complete the following information:

_____ Emergency Medical Services (EMS) patient encounter form

_____ Fire Investigation

_____ Fire Report

Date of incident _____ Time of incident _____

Address of incident _____

Patient name if EMS _____

Requesting party information:

First and Last Name of Requestor

Street Address of Requestor (mailing address)

City, State, Zip

Contact Phone Numbers

Reason for request to review Public Records

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

Signature

Date

Request Received on: _____ Processed by: _____

Records disbursed by: ___ mail ___ fax ___ handed out

