



REQUEST FOR FIRE DEPARTMENT INCIDENT RECORDS



City of San Marcos
1 Civic Center Drive
San Marcos, CA 92069
(760) 744-1050 ext. 3100

Requests for copies of fire incident reports will require that a written request be submitted. The department has up to ten (10) days to respond to the request. Documents will be provided at the earliest opportunity, consistent with the workload of department staff. The cost for copies is **\$15.00** per request. Payment must be made prior to release of copies.

Date Requested:	Date Required:	Name of Requestor:
<input type="checkbox"/> Fire Report Only <input type="checkbox"/> Medical Care Report <input type="checkbox"/> Billing Report* <input type="checkbox"/> 911 Tape <small>*Note: Medical Care Report(s) will only be released upon submittal of a completed SMFD Form #A019, Health Information Release Authorization, or subpoena.</small>	<input type="checkbox"/> Request Approved: <input type="checkbox"/> Request Denied: By: _____ Fire Chief <hr style="border-top: 3px double #000;"/> <input type="checkbox"/> Mail Report(s): <input type="checkbox"/> Requestor will Pick-up <input type="checkbox"/> Email Report(s):	Mailing Address: _____ _____ _____ Home Telephone: _____ Email: _____

Description of public record: _____

Name of Person(s) Involved: _____

Date of Incident: _____

Location of Incident: _____

Comments: _____

Internal use only

Date Complete:	Completed By:	Total Amount:
----------------	---------------	---------------



HEALTH INFORMATION RELEASE AUTHORIZATION

REQUEST FOR ACCESS TO HEALTH INFORMATION HELD BY THE SAN MARCOS FIRE DEPARTMENT

Name of Requestor: _____	Relation of Requestor to Patient: <input type="checkbox"/> Patient <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Legal Representative	If Not the Patient, Name of Patient: _____
Date of Incident: _____	Incident Location: _____ _____ _____	Requested Information: <input type="checkbox"/> Medical Care Report <input type="checkbox"/> Ambulance Bill <input type="checkbox"/> Other: _____

Information about your access rights

Except under limited circumstances, we will provide you with the access you request. We will respond to your request for access within 10 days from the time we receive this completed form. In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed.

Substantiating Information

A copy of your Driver's License or DMV issued Identification Card **must** be submitted with this request. If you are not the patient requesting the information, you must also submit documentation of legal representation and/or responsibility. In order to receive the requested documents, this form must be accompanied by a completed San Marcos City Form #CC106F, Request for Fire Department Incident Reports.

Where to Submit this Form

You must submit this form to the San Marcos City Clerk: 1 Civic Center Drive, San Marcos, California 92069-2918

By submitting this form, I hereby request the City of San Marcos Fire Department to provide me with access to my health information that the City of San Marcos Fire Department maintains.

Name: _____

Date: _____

Signature: _____

Internal use only

Form Received By: _____	Date Received: _____
-------------------------	----------------------