

POLICY FOR EMERGENCY MEDICAL SERVICES SYSTEM

Release of Ambulance Run Report by the Pre-Hospital Provider

POLICY:

It has been determined by case law that the Ambulance Run Report (which is a record of the circumstances surrounding the care given to patients in the pre-hospital setting) is a medical record and therefore is confidential information. Access to these records shall be in accordance with laws and regulations that govern the right to either examine or copy and release confidential medical information.

It shall be the policy of the PLEASANTVIEW FIRE PROTECTION DISTRICT to permit to release a copy of an Ambulance Run Report upon receipt of either of the following:

1. Appropriate authorization:

- (a) Patient 18 years of age or older
- (b) Parent or guardian of a minor
- (c) Legal guardian of an adult
- (d) If a patient(s) is deceased, the authorization must be signed by the Administrator or Executor of the estate or next of kin (in the order of spouse, adult children, parent or brother or sister)

Appropriate authorization must be notarized when request is received from an Attorney and must be the original authorization.

2. Subpoena – must be court approved

3. Court order

* If a patient is incapacitated, the person requesting records of the incapacitated patient, must show some proof that they are the guardian of this patient. (walk-in or written requests by mail)

If the patient is not incapacitated but can not get out for whatever reason the person requesting the records for the patient must have a written request signed by the patient and a copy of the patients signature (drivers license, state ID, etc.

\$10.00 fee for a copy of an Ambulance Report.

**Pleasantview Fire District
Patient Request for Access Form**

Patient: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Last Date of Service: _____

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.

To better allow us to process your request, please indicate the type of request you are making on this form: [check all that apply]

- _____ Access to simply review my health information.
- _____ Access to obtain copies of my health information.
- _____ Access to review and potentially request amendment of my health information.
- _____ Access to review and potentially request and accounting of how my PHI has been used and disclosed to others.
- _____ Access to review and potentially request restrictions on the use and disclosure of my health information.

Signature _____ Request Date _____

Request for Inspection/Copy of Protected Health Information

Pleasantview Fire Protection District
1970 Plainfield Road
LaGrange, IL 60525

REQUEST SECTION

As required by the Health Information Portability and Accountability Act of 1996 you have a right to request the opportunity to inspect and copy health information that pertains to you. Pleasantview will evaluate your request and will either grant it or explain the reason why the request will not be granted. In the event that your inspection request is not granted you may request that the decision be reviewed by someone other than the person who originally denied the request.

____ I, (patient name) _____ hereby request to inspect (view) the health information pertaining to me maintained at Pleasantview Fire Protection District listed below.

____ I, (patient name) _____ hereby request to obtain a copy of the health information pertaining to me maintained at Pleasantview Fire Protection District listed below. I understand that I will need to pay the required fee established by the Pleasantview Fire Protection District before the copy of this information will be released.

Signature of Patient

Date