Category: ADMINISTRATION

Date Originated:

Approved By: Jeff Lee, Int. Clerk Treasurer

Date Revised: November 19, 2019

POLICY

Records Requests for Public Access

PURPOSE

To provide direction by establishing a clearly defined policy for providing public access to District records. This policy is to provide guidelines and overall general procedures for requesting Public Records, Fire Property Reports, and Protected Health Information.

SCOPE

All requests for records including but not limited to medical records and personnel records will be directed to the Fire District's Record Department. All requests for fire reports will be directed to the Fire Prevention Department. Not all records are PUBLIC record, so the procedures below will outline the guidelines and procedures for requesting records.

PROCEDURE

The St. Lucie County Fire District (SLCFD) Records Department is responsible for keeping the Fire District in compliance with Florida's Open Records Laws.

- To obtain fire incident reports, contact the **Fire Prevention Department at 772-621-3344.**
- To obtain emergency medical reports or public records, contact the **Finance/Records Department at 772-621-3347, fax 772-621-3606, or email finance@slcfd.org.**

The Records Department is located at:
Administration Complex
5160 NW Milner Drive,
Port St. Lucie, FL 34983.
Hours: Monday through Friday from 8:00a.m.- 4:30p.m.

Public Records

The St. Lucie County Fire District (SLCFD) Records Department processes all requests for public records generated by the general public and the media. These may include, but are not limited to; incident reports, district personnel files, district policies and procedures, data reports, etc. All requests will be logged and verified; copies of the pertinent records will be obtained and released to the requesting party.

Fire Reports / Environmental Reports

- Fire incident reports are considered public record and are available upon request. Fire reports are available at the above address during normal business hours.
- It is suggested that the Fire Prevention Department is contacted by phone to ensure the report is available.
- The date, time, and address of the incident is requested to process the request. Provide the incident number when available.
- If the exact date is unknown, please provide the incident location and approximate month and year of the incident.
- For fire loss research on a property address or extensive fire property research (only on public places), please provide property location, date and year parameters to be researched.

NOTE: Fire reports are public records with the exception of arson investigation reports, unless closed.

Medical Aid / Transport Records

Reports involving any type of medical treatment are considered confidential information and are protected by law. It is exempt from Florida State Statutes 119.01, Public Records Law; and protected under Florida State Statutes 401.30, Medical Transport Law; 401.2101, Emergency Medical Transportation Services Act; Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and Privacy Rule 45 CFR Part 160-164.

These reports may be released only to the patient or an authorized representative or agent of the patient.

As per the SLCFD requirements, the following items are required before any medical records can be released:

- Copy of the photo ID.
- Completed Medical Release form signed by the patient.
- If the patient is a child under 18, a copy of the child's birth certificate or legal document stating guardianship is required along with the parent or legal guardian's photo ID.
- If the patient is in someone else's care, a copy of a power of attorney is required.
- If the patient is deceased (reports are released to the next of kin only), a copy of the death certificate identifying the next of kin and/or legal documents of estate representative are required and a copy of the driver's license, legal photo identification or attorney letter representing the estate of the requesting family member.
- Mail, fax, or email the completed record request to the above address.

Requests Made by Attorney or Insurance Companies

- All requests from attorneys or insurance companies for medical records and/or billing statements must be accompanied by a **Witnessed or Notarized Release** signed by the patient.
- Please include the patient's name, date of incident and location of incident on all requests for records.
- Requests must be made on the attorney or insurance company's letterhead.
- Attorneys that have a history of non-payment will be put on "prepayment status" or "hold" status at the discretion of the records custodian and the records will not be released until payment is made or the account is made current.

Subpoenas (Florida Rules for Civil Procedures 1.351)

- All subpoenas must be hand delivered by service of process or certified mail to the Records Custodian located at 5160 NW Milner Dr., Port St. Lucie, FL 34983.
- Subpoenas received by fax, regular mail, or any other means will be subject to denial.
- The subpoena must be signed by a person of the court and not stamped.
- Prepayment is required if the cost exceeds $25.00 or the attorney issuing the subpoena is in "prepayment" or "hold" status.

REFERENCE

There is a minimum fee of $.15 per page for copying documents. However, the fee for most records is $1.00 per certified page (amount of pages per report will vary) and $.25 for each page thereafter, per the Florida Administrative Rule 59R-10.003. We accept, cash, check, credit card, or money order. Pre-payment must be made if the cost exceeds $25.00 before we can process the request. Fee schedule per Florida Statutes, Chapters 119, section 119.07 (4).

Patient Request for Access

ST. LUCIE COUNTY FIRE DISTRICT
5160 NW Milner Drive
Port St. Lucie, Florida 34983
772-621-3347
Fax 772-621-3606

Patient Name:_____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email:_____ Phone#:_____

Date of Service Requested: _____

Patient Rights: As a patient, you have the right to access, obtain copies 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 an 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* _____