



Proudly Serving the Communities of East Grays Harbor

Dear Sir or Madam:

You have expressed an interest in inspecting or obtaining a copy of an emergency medical report from East Grays Harbor Fire and Rescue. East Grays Harbor Fire and Rescue that there may be potential confidentiality or privacy issues with the release of this document, and, therefore, has established the following procedures:

- 1. The release form enclosed with this letter must be completed and signed before a notary public. If you, the requester, are not the one victim, you will need to attach the victim's permission for release or otherwise explain why this is impracticable or impossible.**
- 2. Take or mail the completed release form to:
East Grays Harbor Fire and Rescue
Attn: EMS Records Request
P.O. Box 717
112 N Second Street.
Elma, WA 98541**
- 3. The Fire District will make a copy of the emergency medical report and send it to the HIPAA Compliance Officer of the District for review.**
- 4. The HIPAA Compliance Officer will forward request and documentation to the Fire Chief for authorization or deny release. If release is authorized, you will be notified of the cost and the report will be mailed to you, when payment is received.**

If you have any questions, please contact me at (360) 482-6266 or my email @ afulbright@ghfd5.org.

Very truly yours,

**Adam Fulbright,
Fire Chief**

Encl.

East Grays Harbor Fire and Rescue Request for Inspection/Copying Emergency Medical Records

I request to inspect/copy the emergency medical report(s) for the following:

Name(s) of patient(s) _____

Incident Location _____

Incident Date _____ Report No. _____

East Grays Harbor Fire and Rescue and its employees do not make any warranty, expressed or implied, as to the accuracy of the document(s) requested to be inspected/copies.

Signature: _____

Name Printed: _____ Phone: _____

Address: _____

If you wish this report to be sent to a person other than yourself, please identify below:

Name: _____

Address: _____

STATE OF WASHINGTON)
)
County of _____) **ss.**

I certify that I know or have satisfactory evidence that _____ signed this document and acknowledged it to be his/her free and voluntary act for the uses and purposes therein mentioned.

Dated _____

Notary Public in and for Washington State
Residing at _____
My appointment expires _____

FOR FIRE DEPARTMENT USE ONLY

Request received by _____ Date _____

Request: granted partially denied wholly denied

Chief: _____ Date _____

If denied wholly or partially, reasons are as follows: _____

Copy fee: \$21.00 Handling fee + No. of pages _____ @ \$0.49 per page/30 pages =		\$ _____
	Postage	\$ _____
	Total	\$ _____