



P.O. Box 755540, Fairbanks, Alaska 99775-7540

## **EMS Patient Care Reports (PCR's) Records Request Form**

Record requests can take up to 30 days to process upon being received. Please provide complete information. Missing information may result in a delayed response to your request. A separate form is required for each request.

A completed request can be submitted via fax to 907-474-5999 or mailed to University Fire Department, 1011 N. Chandalar Dr., Fairbanks, AK 99775.

Patient Name:	Incident Date/Time:
Incident # (if known)	
Incident Address/Location:	
Is patient a minor? ☐YES	□No
If Yes, Date of Birth:	
What is the requester's relationship to the patient (choose one box)?	
□Self/Patient □Parent/Guardia	an □Authorized Representative of the subject of the record
Authorized Representative Information	
Requested By:	
Requesting Agency Name:	
Requestor's Address, City, State &	& Zip Code
Contact Phone:	Fax:

## **Notice of Identification Required**

Records or reports requested by anyone besides the patient that contain personal information and/or protected health information, must provide proper identification of relationship to the patient. A list of identification requirements is noted below.

- 1. Request by patient (picture ID required); or
- 2. Request by attorney upon presentation of notarized medical authorization for release from patient; or
- 3. Request by next of kin, if patient is deceased (picture ID and notarized copy of death certificate or Power of Attorney required); or
- 4. Request by individual possessing patient's Power of Attorney (picture ID required and notarized copy of Power of Attorney required); or
- 5. Request by parent or legal guardian if patient is a minor or incapacitated (picture ID and proof of relationship required); or
- 6. Presentation of valid subpoena or signed warrant for production of evidence or court order issued by a court of competent jurisdiction; or
- 7. Unobjected to Request for the Production of Documents in a filed civil action (lawsuit).

