

PICTURE ROCKS FIRE AND MEDICAL DISTRICT – RECORD REQUEST FORM

Processing Time: Allow Approximately 15 Business Days

Request in Person:

Picture Rocks Fire & Medical District
12121 W. Picture Rocks Rd.
Tucson, AZ 85743

Request by Email:

Picture Rocks Fire & Medical District
Attn: Custodian of Records
rserres@picturerocksfire.org

Request by Mail:

Picture Rocks Fire & Medical District
Attn: Custodian of Records
12121 W. Picture Rocks Rd.
Tucson, AZ 85743

Requester Information: Is this records request for a commercial purpose? Yes No (check one)

Date of Request: _____ Reason for Request: _____
Requestor Name: _____ Requestor Address: _____
City: _____ State: _____ Zip Code: _____ Email: _____
Requestor Signature: _____ Phone No: _____

Fire Report: \$5.00 up to 15 pages and \$0.25 per additional page

Date of Incident: _____ Time of Incident: _____
Incident # (if available): _____
Incident Address: _____

Car Fires Only:

Car Make: _____ Car Model: _____ Model Year: _____

Medical Report: \$5.00 up to 15 pages and \$0.25 per additional page

Name of Patient: _____
Date of Incident: _____ Incident # (if available): _____
Incident Address: _____

Medical Record Requests (i.e. ANY unredacted record that contains a patient's protected health information):

Patients requesting medical records must provide proof of identification (government issued I.D.). Third parties requesting a patient's medical record must attach one of the following to the Records Request Form: (1) a notarized HIPAA-compliant release (see 45 C.F.R. §165.508 for federally required contents of release) signed by the patient; or (2) a court order signed by a judge authorizing release (45 C.F.R. §164.512).

A subpoena without a HIPAA-compliant release or court order is not sufficient. For questions: Call (520) 682-7878 or email rserres@picturerocksfire.org. In order to protect patient privacy PRFMD does not email reports that contain a patient's protected health information.

Other (please describe in detail): _____

Document Type: Paper Copy Certified Copy Electronic Copy Records Inspection
(In Person A.R.S. 39-121)

Please notify me to pick up this record in person I am requesting this information be sent by mail

PRFMD USE ONLY

Date Received: _____ Paid Amount: _____ Incident #: _____
Date Retrieved: _____ Cash Check Card