



COUNTY OF LOS ANGELES FIRE DEPARTMENT RISK MANAGEMENT DIVISION INFORMATION REQUEST FORM

FORM 4 (03/2018)

Please be advised that incident or emergency medical services (EMS) reports are generally available in about two weeks. To ensure timely processing, please provide the following information.

| REQUEST | | | |
|---|--|-------------------------------------|---------------------------------|
| Date: | <input type="checkbox"/> Incident Report | <input type="checkbox"/> EMS Report | <input type="checkbox"/> Other: |
| Requestor Name: | | Telephone Number: | |
| Requestor Address (where records should be mailed): | | | |

| INCIDENT INFORMATION | |
|---------------------------------------|--|
| Incident Number, if known : | Incident Date (required) : |
| Incident Location (required) : | Approximate Time of Incident (required) : |

| EMS RESPONSE INFORMATION | | |
|---|----------------|-----------------------------------|
| Patient Name: | Date of Birth: | Incident Date (required) : |
| This authorization for use or disclosure of medical information is being requested of you to comply with the terms of the Confidentiality of Medical Information Act of 1981. California Civil Code Section 56 <i>et seq.</i> | | |
| I hereby authorize the Custodian of Records of the County of Los Angeles Fire Department to provide a copy of the EMS Report to _____ (requestor) . I understand that this report may contain information pertaining to medical history, mental or physical condition, services rendered, or treatment of _____ (patient) . | | |
| Signature of Patient or Responsible Party*: | | Date: _____ |
| If signed by anyone other than patient, please indicate relationship: _____ | | |
| <small>* If requesting your EMS Report, a copy of your driver license or ID is required. For all other requests, the patient must sign this section authorizing release of the report to the requestor. Otherwise, protected health information will be redacted.</small> | | |

| PAYMENT INFORMATION – FIRE DEPARTMENT USE ONLY | | | | |
|--|--------------------------|------------------|----------------------------|--------|
| Check #: | Check Date: | Amount Received: | Receipt #: | Log #: |
| Entered By: | Date Entered & Initials: | Processed By: | Date Completed & Initials: | |

Please send this completed form with a \$15 check or money order made payable to “County of Los Angeles Fire Department” to:

Subpoena & Records Office
Risk Management Division
County of Los Angeles Fire Department
1255 Corporate Center Drive, Suite 206
Monterey Park, CA 91754

If you have any questions, please call the Subpoena & Records Office at (323) 267-7217.