



Tempe Fire Medical Rescue Department Medical Records Request Form

There is a \$6.50 fee per record. (No charge to a patient requesting their own record.)

Mail check and form to: **Tempe Fire Medical Rescue Department**
P.O. Box 5002, Mail Stop 11-1, Tempe, AZ 85280

Or

Email form to: EMSrecords@tempe.gov then call 480-858-7200 to pay by credit card
Questions? Call 480-858-7264 or email EMSrecords@tempe.gov

Today's date: _____

Requested by: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Patient's Name: _____

Patient's DOB: _____

Incident # (if known): _____

Date and Time of incident: _____

Address or Crossroads of Incident: _____

Type of Incident: _____

Note: HIPAA laws require additional information for medical records release. See attached page for more information.

Records are typically processed within two weeks. Questions call Monique Rodriguez at 480-858-7264



Internationally Accredited Fire Department



City of Tempe
Tempe Fire Medical Rescue
Medical Records Request Form
Additional Information

In accordance with HIPAA laws, certain documentation is required to release medical records. Provide the necessary documents, listed below, in accordance with your request and submit along with the form.

For a patient who 18 years of age or older provide one of the following:

- A. (If the Requestor is the patient) Provide an original or a copy of a photo ID.
 - B. (If the Requestor is not the patient) Provide notarized authorization and a copy of a photo ID from the patient.
 - C. (If the Requestor is not the patient) Provide a notarized power of attorney for the patient.
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For a patient who is under 18 years of age provide one of the following:

- A. An original or notarized copy of the patient's birth certificate.
 - B. An original or notarized copy showing Court appointed guardianship of the patient.
 - C. An original or notarized copy of the patient's birth certificate or Court appointed guardianship papers and a notarized letter stating that the parents or guardian allow the requestor to have the information.
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For a patient who is deceased provide a copy of the death certificate.

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