



UNIVERSITY HEIGHTS FIRE DEPARTMENT

Chief Robert D. Perko III
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University Heights, OH 44118

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REQUEST FOR COPY OF REPORT

The University Heights Fire Department is pleased to make available to the public any information not exempted from disclosure by the General Assembly of the State of Ohio. We will provide you with all non-exempt requested information as soon as possible, usually within 72 hours. To assist us in evaluating your request, please fill out this Form, Items 1 through 4.

1) State as specifically as possible the information you request:

EMERGENCY MEDICAL ASSISTANCE REPORT Report No. _____

Name of patient: _____

Date of assistance: _____

Address/location where EMS
assistance was rendered: _____

2) YOUR NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

3) ARE YOU REPRESENTING ANOTHER PERSON, FIRM OR CORPORATION IN MAKING THIS REQUEST?
_____ YES _____ NO.

IF "YES," PLEASE PROVIDE A NOTARIZED SIGNATURE OF THE PATIENT GIVING YOU PERMISSION TO RECEIVE THIS INFORMATION ON LINE 4 AND WAIVING THE PATIENTS RIGHTS TO NON-DISCLOSURE AND/OR CONFIDENTIALITY UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 ("HIPAA") AND/OR ANY APPLICABLE STATE OR FEDERAL PRIVACY LAW. *UNLESS LEGAL GUARDIAN OR PARENT OF MINOR

4) PATIENT

SIGNATURE: _____

NOTARIZED BY: _____

DATE: _____

DATE: _____

5) PERSON REQUESTING REPORT IF OTHER THAN THE PATIENT.

SIGNATURE: _____

DATE: _____

RELATIONSHIP TO PATIENT: _____

Fee Schedule: All Reports: \$ 0.00

FOR OFFICIAL USE ONLY:

DEPARTMENT HEAD APPROVAL: _____

DATE MATERIAL RELEASE: _____

EMPLOYEE PROCESSING THIS REQUEST: _____

IF WALK IN, IDENTITY CONFIRMED BY: (ie, Drivers License, S.S.N.) _____