



# Jacksonville Fire and Rescue Department



Duval County, Florida

## LAW ENFORCEMENT or AGENCY RECORD REQUEST

This form is for law enforcement and protective agencies requesting a medical record or other report for the prevention, reporting or investigating of abuse, neglect, violence or other crimes. Mail, fax, email or deliver this completed form:

**Jacksonville Fire and Rescue Department**  
Records Custodian  
515 N. Julia Street  
Jacksonville, FL 32202  
Fax: (904) 630-4202  
Email: JFRDRecordsRequest@coj.net

1. The patient information on this form must match the information documented in the patient care record.
2. An agency issued ID, official credentials or other proof of official status are required if picking up record.

### INCIDENT INFORMATION

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ JFRD Incident Number (if known): \_\_\_\_\_

Incident Location or Address (if known): \_\_\_\_\_

### PATIENT or VICTIM INFORMATION (if known)

Patient Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### OFFICIAL MAKING REQUEST

Official's Name: \_\_\_\_\_ Agency ID/Badge #: \_\_\_\_\_

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### SITUATION FOR REQUEST

**We may only disclose protected health information in specific situations, as described in 45 CFR § 164.512. To ensure compliance with state and federal law, please check the situation(s) that exists:**

- |   |   |
|---|---|
| <input type="checkbox"/> Necessary to identify or locate a suspect, fugitive, witness or missing person   | <input type="checkbox"/> To report firearm or burn injuries |
| <input type="checkbox"/> Patient is or is suspected to be a victim of a crime and is incapacitated  | <input type="checkbox"/> To report abuse, neglect, violence |
| <input type="checkbox"/> Necessary to prevent or lessen a serious and imminent threat of harm   | <input type="checkbox"/> Court ordered subpoena (include)   |
| <input type="checkbox"/> Patient is in custody as an inmate and record is necessary for health and safety of the patient, others or institution |   |
| <input type="checkbox"/> Necessary to determine if a violation of law has occurred and the record is not intended to be used against victim     |   |
| <input type="checkbox"/> Need to report the commission, nature and location of a crime, the location of victims or to identify perpetrator      |   |

### HOW DO YOU WANT THE RECORD SENT ?

- Mail to: \_\_\_\_\_
- Agency Fax: \_\_\_\_\_  Agency Email: \_\_\_\_\_  In person

### SIGNATURE

**Falsifying a request to release medical information is a crime under federal law.**

Requesting Official's Signature	Date
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<b>FOR JFRD USE ONLY</b> Record released by	Date
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