Jacksonville Fire and Rescue Department

Duval County, Florida

PATIENT REQUEST FOR MEDICAL RECORD

Per City of Jacksonville Ordinance Code 94-624-487, the fee for a patient care record is $5.00, payable by check or money order to *City of Jacksonville Tax Collector*. Mail, fax, email or bring this completed form and payment to:

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 report.
2. A government issued ID is required when picking up record.
3. If any person other than the patient is signing this authorization, documentation of authority must be provided.

PATIENT INFORMATION

Patient Name: _____ Date of Request: _____

Patient Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

INCIDENT REPORT INFORMATION

Date of Incident: _____ Incident Address: _____

TYPE OF REQUEST

Please indicate the type of request you are making: (check all that apply)

☐ I want to view my patient care report   ☐ I request a copy of my bill

☐ I request a copy of my patient care report   ☐ I request an accounting of who has seen my patient care report

Requests for an amendment to your record and requests for restrictions on the use and disclosure of your information should be made by completing a separate form.

HOW DO YOU WANT YOUR REQUEST or REPORT ?

☐ Mail ☐ Pick up in person ☐ Fax: _____ ☐ Email: _____

SIGNATURE OF PATIENT

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

Patient/Parent/Legal Guardian Signature	Relationship	Date

Patient Rights: As a patient, you have the right to access, copy or inspect your protected health information (patient care report) in accordance with federal law. You also have the right to request an amendment to your information, or request that we restrict the use and disclosure of it, as allowed by law. These rights are further described in our *Notice of Privacy Practices*, which you may have upon request.

FOR JFRD USE ONLY	Request handled or record released by	Date	Receipt Number