

112 REQUEST FOR RECORDS

1.0 **PURPOSE:**

- 1.1 To establish a procedure for creating, maintaining, and distributing RFA records; for ensuring access to public records; and for ensuring the confidentiality of health records or protected information.

2.0 **DEFINITIONS:**

- 2.1 Public Record: Any writing that contains information relating to the conduct of or the performance of any governmental or proprietary function.
- 2.2 Writing: Includes all means of recording any form of communication or representation, including documents, pictures, computer tapes or discs, motion pictures, films, videos, and data compilations from which information may be obtained or translated.
- 2.3 Medical Records: Any item, collection, or grouping of information that contains **protected health information (PHI)** as defined by the national HIPAA Privacy Rule.
- 2.4 HIPAA: Health Insurance Portability and Accountability Act.
- 2.5 Public Records Officer: An individual appointed by state and local agencies to serve as a point of contact for members of the public who request disclosure of public records.

3.0 **POLICY:**

- 3.1 It shall be the policy of the RFA to follow the requirements of RCW 42.56, of the Public Records Act. These procedures are established to provide a uniform system for all members to follow when requested to provide access to public records for inspection and/or copying. All members are required to follow these procedures and to demand full compliance from others.
- 3.2 In accordance with RCW [42.56.580](#), the RFA shall appoint a “public records officer whose responsibility is to serve as a point of contact for members of the public in requesting disclosure of public records and to oversee the agency’s compliance with the public records disclosure requirements.” The appointed individual will have his/her name and contact information posted on the RFA website and provided upon request from any member of the public.
- 3.3 Providing public records for inspection and copying shall be strictly governed by this policy. Only the Public Records Officer, Fire Chief or their designated employees shall be responsible for receiving such requests for public records. Only such designated employees shall be responsible for copying requested records or supervising the inspection by the member of the

public of the records requested. Public records shall be made available for inspection and copying but without disruption of essential functions of the office. Any RFA employee who believes that essential functions will be or are being disrupted by such a request shall consult with the Fire Chief. A complete log or index of records produced for inspection and/or copying shall be maintained by the Public Records Officer, as a permanent record of the RFA. This log or index shall indicate the date of the public inspection and/or copying, the name of the person requesting the records, and a brief description of the nature of the records requested and how many pages are inspected or produced for copying.

- 3.4 The RFA public records consist mainly of operational files that are subject to high usage. The records should be protected from damage, disappearance, disorganization, or disruption by all employees. Public records may only be inspected in the headquarters fire station in which they are filed and maintained, and inspection, at the option of the RFA, shall be done in the presence of the Public Records Officer or their designated RFA employee. If records requested for inspection are voluminous, prior arrangements should be made for a convenient time for the Public Records Officer or designated employee to assist and supervise the inspection so that essential functions of the office are not disrupted. Under no circumstance will a record be removed from a file except by an RFA employee. Thereafter, records produced for inspection and/or copying will be returned to the appropriate file. If an individual inspecting records is inspecting the records in such a manner as to damage, alter or substantially disorganize the records, inspection shall be denied. If the individual inspecting records attempts to remove them from the prescribed location or is excessively interfering or will unduly interfere with essential functions of the RFA, inspection shall be denied.
- 3.5 Every person who shall unlawfully remove, alter, mutilate, destroy, disorganize, conceal, erase, obliterate or falsify any public record of the RFA shall be reported to the law enforcement agency having jurisdiction. Furthermore, any member who shall commit any of the aforesaid acts shall be subject to discipline.
- 3.6 In accordance with the requirements of state law, public records of the RFA may be inspected and/or copied for the benefit of members of the public upon compliance with the following procedures and giving appropriate consideration to the prevention of unreasonable invasions of privacy, and the protection of public records from damage or disorganization, and the prevention of excessive interference with essential functions of the RFA. The procedure that shall be followed will include the completion of a standard form request (appendix 6.1).
- 3.7 The RFA will make available for public inspection and/or photocopying all public records generated by RFA unless the record falls within specific exempted areas of local, state or federal law.
- 3.8 Records generated by the RFA shall be available for inspection and/or copying at:

RFA Headquarters Fire Station
1818 Harrison Avenue
Centralia, Washington 98531

Records are available for inspection and copying between the hours of 8:30 A.M. and 4:30 P.M.,

Monday through Friday except on recognized holidays.

- 3.9 Records can be requested electronically by submittal of the online form (Appendix) on the RFA website and electronic copies may be sent via a secure link or drop box for protected medical records or as a PDF attachment for public records that are not subject HIPAA privacy laws.
- 3.10 Requests for copies of records, when received at the RFA, shall be recorded in sequence. Within five (5) business days of receiving the request for records, the RFA will respond by either (1) providing the record; (2) acknowledging that the RFA has received the request and providing a reasonable estimate of the time the RFA will require to respond to the request; or (3) denying the public record request. If the request for records is denied, a written reason for denial must be given. Fees for searching records shall be levied only when the person making the request cannot clearly identify the document or record requested.
- 3.11 A fee for copies of records will be charged consistent with state regulations. There shall be no copying charge for a customer requesting records pertaining to their own account. There shall be no charge for copying 10 or fewer pages of records with regard to any one request, **or multiple requests within a five-day period**. Otherwise, the RFA shall charge according to the following statutory default fee schedule.

\$.15 / page paper copies	\$.10 / page scanned into electronic format
\$.05 / 4 files or attachments and provided by electronic delivery	\$.10 / gigabyte of electronic records transmission

** Charges can be combined if more than one type of charge applies. Additional charges may be added for actual costs of storage media, container, envelope, and postage/delivery charge.*

A receipt shall be given for all funds received, by check or cash, for copies provided. The duplicate receipt shall be retained at the RFA, per State Record Regulations. All funds collected for such copies shall be strictly controlled, reported, and deposited promptly.

- 3.12 The RFA shall not distinguish among persons requesting records, and such persons shall not be required to provide information as to the purpose for the request except to establish whether inspection and copying would violate any statute which exempts or prohibits disclosure of specific information or records to certain persons.

Denial for Inspection or Copying of Records

- 3.13 In the event the RFA refuses inspection of any public record, in whole or in part, a written statement of the specific exemption authorizing the withholding of the record (or part) and a brief explanation of how the exemption applies to the record withheld shall be provided.
- 3.14 Before any written denial of a request for a public record, or portion thereof, the Fire Chief will be notified, who shall refer the request and denial to the RFA attorney. The RFA's attorney shall then consider the matter and make a recommendation to affirm or reverse the denial of the public record request. In any case, the request shall be returned with a final decision from the Fire Chief within a reasonable period of time.

- 3.15 The following records are *exempt* from public inspection and copying:
- 3.15.1 Patient medical information, including medical information contained in EMS incident reports, can only be released to the patient themselves and/or with the signed release of medical records form, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).
 - 3.15.2 Private personal information about employees, appointees, or elected officials stored in public agency files. Exempt under [RCW 42.56.230\(3\)](#).
 - 3.15.3 Residential addresses and residential telephone numbers of RFA members as well as personal email addresses, social security numbers, driver's license numbers, payroll deductions including the amount and identification of the deduction, and emergency contact information. Exempt under [RCW 42.56.250\(1\)\(d\)](#).
 - 3.15.4 Photographs and month and year of birth in the personnel files [RCW 42.56.250\(1\)\(h\)](#). However, the news media as defined in [RCW 5.68.010\(5\)](#) can gain access to this information.
 - 3.15.5 Any employee's name and other personally identifying information if they or a dependent are survivors of domestic violence, sexual assault, sexual abuse, stalking, or harassment, or if they participate in the address confidential program under [chapter 40.24 RCW \(RCW 42.56.250\(1\)\(i\)\)](#).
 - 3.15.6 Specific intelligence information and specific investigation records compiled regarding criminal and/or arson investigations. Exempt under [RCW 42.56.240](#).
 - 3.15.7 Information revealing the identity of persons who file complaints.
 - 3.15.8 Preliminary drafts, notes, recommendations, and intra-agency memorandums in which opinions are expressed or policies formulated. Exempt under [RCW 42.56.280](#).
 - 3.15.9 Applications for employment, including the names of applicants, resumes, and related materials submitted. Exempt in the employee hiring context [RCW 42.56.250](#).
 - 3.15.10 Attorney Work Product (exempt under [RCW 42.56.290](#)) and attorney-client privileged communications (exempt under [RCW 5.60.060\(2\)\(a\)](#)).
 - 3.15.11 Lists of individuals requested for commercial purposes [RCW 42.56.070\(8\)](#). Furthermore, agencies are specifically authorized to require requesters to provide information as to the purpose of the request to establish whether release would be a violation of this prohibition [RCW 42.56.080\(2\)](#).

4.0 RESPONSIBILITY:

4.1 All Riverside Fire Authority members are accountable for this policy and guideline.

5.0 SOURCES:

5.1 Medical Records Management in the Fire Service
Handbook by Brian K. Snure of Snure Law Office, PSC

5.2 RCW 42.56: Public Records Act

5.3 MRSC: Exemptions and Prohibitions for Local Government Records.

5.4 HIPAA Home: www.hhs.gov
U.S. Department of Health and Human Services

6.0 APPENDIX:

6.1 Requests for Public Records Form

6.2 Medical Records Release Form

6.3 Revocation of Authorization

6.4 Informed Consent for Incapacitated Patients

6.5 Informed Consent Form for Deceased Patients

Approved:

Kevin Anderson
Fire Chief

Date: February 28, 2024



RIVERSIDE FIRE AUTHORITY

1818 Harrison Ave, Centralia, WA 98531 Ph. 360-736-3975

RECORD REQUEST FORM

Information on individual requesting records

Name of Requestor: _____ Date: _____

Address: _____

Fax Number: _____ Telephone Number: _____

Email: _____

Information on records being requested

Address of Incident: _____

Patient Name if EMS: _____ Date of Incident: _____

***(For medical records, include "Authorization to Release Medical Records")**

Please describe the records you are requesting and any additional information that will help us locate the records for you.

Method of delivery (secure email, fax, or pick up): _____

Signature: _____ Date: _____

Hard-copy forms can be turned in at 1818 Harrison Ave. For electronic submission please access the form at riversidefire.net. For questions contact the Public Records Officer at 360-736-3975.

FOR RFA USE ONLY

Record request received by: _____ Date: _____

Replied via:

Authorization to Use or Disclose Health Information

Patient name: _____ Date of birth: _____

Previous name(s): _____

I. Authorization:

You may use or disclose the following Health Information (check all that apply):

- All Health Information in my medical record;
 Health Information in my medical record relating to the following treatment or condition: _____
 Health Information in my medical record for the date(s): _____
 Other (e.g., X rays, bills), specify date(s): _____

You may use or disclose Health Information regarding testing, diagnosis, and treatment for (check all that apply):

- HIV (AIDS virus) Psychiatric disorders/mental health
 Sexually transmitted diseases Drug and/or alcohol use

You may disclose this Health Information to:

Name (or title) and organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Reason(s) for this authorization (check all that apply):

- at my request other (specify) _____

Authorization Expiration: *(This Authorization does not permit disclosure of Health Information more than 90 days after the date it is signed.)*

- in 90 days from the date signed on (date): _____
 when the following event occurs: _____
(no longer than 90 days from date signed)

II. My Rights:

I understand I do not have to sign this authorization in order to receive health care.

I may revoke this authorization in writing. If I do, it will not affect any actions already taken by the District based on this authorization. I may not be able to revoke this authorization if its purpose is to obtain insurance.

Two ways to revoke this authorization are:

- Fill out a revocation form. A form is available from the District, or
- Write a letter to the District

Once Health Information is disclosed, the person or organization that receives it may re-disclose it. Privacy laws may no longer protect it.

Patient or legally authorized individual signature Date Time

Printed name if signed on behalf of the patient Relationship (parent, legal guardian, personal representative)

Revocation of Authorization to Use or Disclose Health Information

Patient name: _____ Date of birth: _____

Previous name(s): _____

Revoke my authorization, dated: _____

Disclose no more information to:

Name (or title) and organization: _____

Address: _____ City: _____ State: _____ Zip: _____

I understand that this request does not apply to any uses or disclosures:

- Before the District receives this revocation, or
- Allowed or required by law.

Patient or legally authorized individual signature _____ Date _____ Time _____

Printed name if signed on behalf of the patient _____ Relationship _____
(parent, legal guardian, personal representative)

Informed Consent Form for Incapacitated Patient

Dear _____,

We have received your request for medical records for _____, "Patient." Washington State law (RCW7.70.065) identifies a statutory priority among individuals that have the authority to consent to the release of an incapacitated Patient's medical records. Before we can release the records to you, we need to confirm that you are eligible to consent to the release.

1. If Patient is under a guardianship, the medical records can only be released with the guardian's authorization. Please check the appropriate statement.

____ I am the Guardian of the Patient and have attached a copy of the Letters of Guardianship, **or**

____ Patient did not have a Guardian appointed. Please proceed to item No. 2.

2. If Patient has a durable power of attorney, the medical records can only be released to the attorney in fact named under the power of attorney. Please check the appropriate statement.

____ I am the attorney in fact of the Patient and have attached a copy of the Durable Power of Attorney and all eligible attorneys in fact consent to this release, **or**

____ Patient did not have a Durable Power of Attorney. Please proceed to item No. 3.

3. If Patient has a spouse, the medical records can only be released to the spouse. Please check the appropriate statement

____ I am the spouse, **or**

____ Patient has no spouse. Please proceed to item No. 4.

4. If Patient has children over the age of 18, the medical records can only be released to a child over the age of 18. Please check the appropriate statement.

____ I am a child of Patient and am over the age of 18 and all children consent to this release, **or**

____ Patient had no children. Please proceed to item No. 5.

5. If Patient has a living parent, the medical records can only be released to a parent. Please check the appropriate statement.

____ I am a parent of Patient and all parents' consent to this release, **or**

____ Patient has no parent. Please proceed to item No. 6.

6. If Patient has living siblings over the age of 18, the medical records can only be released to siblings over the age of 18. Please check the appropriate statement.

I am a sibling of Patient and am over the age of 18 and all siblings consent to this release, **or**

Patient has no siblings. Please proceed to item No. 7.

7. If Patient has living grandchildren over the age of 18, the medical records can be released to grandchildren over the age of 18 who are familiar with the Patient. Please check the appropriate statement.

I am a grandchild of Patient and am over the age of 18, am familiar with the Patient and all grandchildren familiar with the Patient consent to this release, **or**

Patient has no grandchildren over the age of 18. Please proceed to item No. 8.

8. If Patient has living nieces or nephews over the age of 18, the medical records can only be released to nieces or nephews over the age of 18 who are familiar with the Patient. Please check the appropriate statement.

I am a niece or nephew of Patient, am familiar with the Patient and all nieces and nephews familiar with the Patient consent to this release, **or**

Patient has no nieces or nephews over the age of 18. Please proceed to item No. 9.

9. If Patient has living uncles or aunts over the age of 18, the medical records can only be released to uncles or aunts over the age of 18 who are familiar with the Patient. Please check the appropriate statement.

I am an uncle or aunt of Patient, am over the age of 18, am familiar with the Patient and all uncles and aunts familiar with the Patient consent to this release, **or**

Patient has no uncles or aunts over the age of 18. Please proceed to item No. 10.

10. Patient was not survived by any individual qualified to consent under items one through nine above and I am over the age of 18, have exhibited special care and concern for the Patient, am familiar with the Patient's personal values am reasonably available and willing and able to become involved in Patient's health care and I am not: 1) Patient's physician; 2) the owner, administrator, or employee of a health care facility, nursing home, or long-term care facility where the Patient resides or receives care; or 3) a person who receives compensation to provide care to the Patient.

I meet the qualifications required under item No. 11.

The undersigned declares under penalty of perjury of the laws of the State of Washington that the above information is true and correct.

Dated: _____

Signed: _____

Informed Consent Form for Deceased Patients

Dear _____,

\We have received your request for medical records for _____, deceased "Decedent." Washington State law (RCW 70.,02.140, RCW 7.70.065) identifies a statutory priority among individuals that have the authority to consent to the release of a decedent's medical records. Before we can release the records to you, we need to confirm that you are eligible to consent to the release.

1. If a personal representative has been appointed for Decedent's estate, the medical records can only be released with the personal representative's authorization. Please check the appropriate statement.

____ I am the Personal Representative and have attached a copy of the Letters Testamentary or Letters of Administration, **or**

____ No personal representative has been appointed. Please proceed to item No. 2.

2. If Decedent was under a guardianship at the time of death, the medical records can only be released with the guardian's authorization. Please check the appropriate statement.

____ I was the Guardian at the time of Decedent's death and have attached a copy of the Letters of Guardianship, **or**

____ Decedent did not have a Guardian appointed. Please proceed to item No. 3.

3. If Decedent had a durable power of attorney in effect at the time of death, the medical records can only be released to the attorney in fact named under the power of attorney. Please check the appropriate statement.

____ I was the attorney in fact at the time Decedent's death and have attached a copy of the Durable Power of Attorney and all eligible attorneys in fact consent to this release, **or**

____ Decedent did not have a Durable Power of Attorney. Please proceed to item No. 4.

4. If Decedent was survived by a spouse, the medical records can only be released to the surviving spouse. Please check the appropriate statement

____ I am the surviving spouse, **or**

____ Decedent had no surviving spouse. Please proceed to item No. 5.

5. If Decedent was survived by children over the age of 18, the medical records can only be released to a child over the age of 18. Please check the appropriate statement.

I am surviving child of decedent and am over the age of 18 and all surviving children consent to this release, **or**

Decedent had no surviving children. Please proceed to item No. 6.

6. If Decedent was survived by a parent, the medical records can only be released to a surviving parent. Please check the appropriate statement.

I am a surviving parent of decedent and all surviving parents' consent to this release, **or**

Decedent had no surviving parent. Please proceed to item No. 7.

7. If Decedent was survived by siblings over the age of 18, the medical records can only be released to siblings over the age of 18. Please check the appropriate statement.

I am a surviving sibling of decedent and am over the age of 18 and all surviving siblings consent to this release, **or**

Decedent had no surviving siblings. Please proceed to item No. 8.

8. If Decedent was survived by grandchildren over the age of 18, the medical records can be released to grandchildren over the age of 18 who are familiar with the Decedent. Please check the appropriate statement.

I am a surviving grandchild of decedent and am over the age of 18, am familiar with the Decedent and all surviving grandchildren familiar with the Decedent consent to this release, **or**

Decedent had no surviving grandchildren over the age of 18. Please proceed to item No. 9.

9. If Decedent was survived by nieces or nephews over the age of 18, the medical records can only be released to nieces or nephews over the age of 18 who are familiar with the Decedent. Please check the appropriate statement.

I am a surviving niece or nephew of Decedent, am familiar with the Decedent and all surviving nieces and nephews familiar with the Decedent consent to this release, **or**

Decedent had no surviving nieces or nephews over the age of 18. Please proceed to item No. 10.

10. If Decedent was survived by uncles or aunts over the age of 18, the medical records can only be released to uncles or aunts over the age of 18 who are familiar with the Decedent. Please check the appropriate statement.

____ I am a surviving uncle or aunt of decedent, am over the age of 18, am familiar with the Decedent and all surviving uncles and aunts familiar with the Decedent consent to this release, **or**

____ Decedent had no surviving uncles or aunts over the age of 18. Please proceed to item No. 11.

11. Decedent was not survived by any individual qualified to consent under items one through ten above and I am over the age of 18, have exhibited special care and concern for the Decedent, am familiar with the Decedent's personal values.

____ I meet the qualifications required under item No. 11.

The undersigned declares under penalty of perjury of the laws of the State of Washington that the above information is true and correct.

Dated: _____

Signed: _____