CLEARCREEK FIRE DISTRICT

SERVING SPRINGBORO & CLEARCREEK TOWNSHIP

Incident Report Request

Please Identify Report Requested: ☐ **Fire/Rescue** ☐ **EMS**

I am requesting a copy of the Clearcreek Fire District report as identified above. I further understand and will abide with all HIPAA laws and hold the Clearcreek Fire District, its elected officials, appointed officials, officers and employees harmless from all liability, claims, demands, damages, or costs.

All EMS report requests must have a completed HIPAA request form and a current copy of identification (*i.e. Driver's license*).

Date Submitted: _____

Patient Name: _____

Incident Date: _____

Incident Location: _____

REQUESTER INFORMATION

Relationship to patient (if EMS request): _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website/Upload _____

Delivery: ☐ Pick-up ☐ US Mail ☐ Fax ☐ Email/Upload

OFFICE USE ONLY

Incident Number: _____

Request Received by: _____ Date Received: _____

Approved by: _____ PIR LOG: (Initial) _____ Date: _____

Date Sent to Requester: _____ (Initial) _____