



## Boulder City Fire Department

### REQUEST FOR INCIDENT / PATIENT CARE REPORT

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Incident Address or Intersection: \_\_\_\_\_

#### **PERSON, BUSINESS OR AGENCY REQUESTING REPORT**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_

#### **If Medical Incident**

1. Medical Incident Reports / Patient Care Reports will be mailed or faxed **ONLY** if notarized Consent for Use and Disclosure of Protected Health Information authorization form has been submitted. Records will only be released to patient or other authorized person(s) as stated on notarized consent form.
2. Valid ID **is required** when picking up medical reports.

Patient Name: \_\_\_\_\_

Nature of Incident: \_\_\_\_\_

Signature (Patient, Parent, Legal Guardian): \_\_\_\_\_

Date of Request: \_\_\_\_\_

#### **Request by Mail**

Mail this completed form to: Boulder City Fire Department – Records  
1101 Elm Street  
Boulder City, NV 89005

#### **Request by Fax – (702) 293-9221**

No medical records requested by fax will be honored without copy of notarized Consent for Use and Disclosure of Protected Health Information authorization form.

***NOTE: All Medical Reports requested by persons other than patient must have an original notarized medical release form from patient or subpoena attached to the request.***

**JURAT**

***A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.***

**State of** \_\_\_\_\_

**Country of** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

**By** \_\_\_\_\_  
**Name of Signer (s)**

***proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.***

\_\_\_\_\_  
**Signature of Notary Public**

(seal)