

Public Information Request

Date of Request:		
Person Making Request:		Title:
If Medical Record, Relationship to Patient:		
Company:		
Address:		
City:	State:	Zip Code:
Office/Daytime Telephone Number:		Fax Number:
Signature of Person Making Request:		
Incident Date:	Type of Incident:	
Address of Incident:		

Florida Statutes, Section 401.30(4) provides:

Records of emergency calls that contain patient examination or treatment information are confidential and exempt from the provisions of [the Public Records Law] and may not be disclosed without the consent of the person to whom they pertain, but appropriate limited disclosure may be made without such consent:

- (a) *To the person's guardian, to the next of kin if the person is deceased, or to a parent if the person is a minor;*
- (b) *To hospital personnel for use in conjunction with the treatment of the patient;*
- (c) *To the Department of Health;*
- (d) *To the service medical director;*
- (e) *For use in a critical incident stress debriefing. Any such discussions during a critical stress debriefing shall be considered privileged communications under §90.53;*
- (f) *In any civil or criminal action, unless otherwise prohibited by law, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice by the party seeking such records, to the patient or his or her legal representative; or*
- (g) *To a local trauma agency or a regional trauma agency, or a panel or committee assembled by such an agency to assist the agency in performing quality assurance activities in accordance with a plan approved under §395.401. Records obtained under this paragraph are confidential and exempt from §119.07(1) and §24(a), Article 1 of the State Constitution.*

Official Use Only			
Incident Report Number:			
If Fire, Investigator:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inside City Limits: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Medical, Rescue Chief Signature:	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Rationale If Not Approved:			
Date of Release:	<input type="checkbox"/> Mailed	<input type="checkbox"/> Faxed	<input type="checkbox"/> Picked Up
Released By:			