



Sunrise Fire-Rescue Department
10440 W. Oakland Park Blvd.
Sunrise, FL 33351
Phone: 954-746-3400 Fax: 954-746-3455

INCIDENT REPORT REQUEST APPLICATION

PART 1: INDIVIDUAL REQUESTING ACCESS

NAME: _____

RELATIONSHIP TO PATIENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

SIGNATURE: _____ REQUEST DATE: _____

PART 2: PATIENT/INCIDENT INFORMATION

HOUSE/BUILDING FIRE _____ VEHICLE FIRE _____ RESCUE _____ OTHER _____

PATIENT NAME: _____

(IF DIFFERENT FROM INDIVIDUAL REQUESTING ACCESS)

PATIENT DATE OF BIRTH: _____

INCIDENT DATE: _____ INCIDENT TIME: _____ ALARM #: _____

INCIDENT LOCATION: _____

IN COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996, A PATIENT/CUSTOMER HAS THE RIGHT TO ACCESS, INSPECT AND COPY THEIR PROTECTED HEALTH INFORMATION (PHI) MAINTAINED IN SUNRISE FIRE-RESCUE'S DESIGNATED RECORDS SET. ADDITIONALLY, YOUR RIGHTS ENTITLE YOU TO REQUEST, AMEND, AS WELL AS RESTRICT THE USE OF AND DISCLOSURE OF YOUR PHI. ALL OF YOUR RIGHTS ARE DELINEATED IN OUR NOTICE OF PRIVACY PRACTICES, WHICH YOU MAY REQUEST.

SFRD USE ONLY

DATE RECEIVED: _____

DATE PROVIDED: _____

REQUEST ACCEPTED: _____

REVIEWING OFFICIAL: _____

REQUEST DENIED: _____

NOTICE TO PATIENT: _____

COMMENTS: _____
