



## City of Tempe

### Tempe Fire Medical Rescue

#### Medical Records Request Form

#### Additional Information

In accordance with HIPAA laws, certain documentation is required to release medical records. Provide the necessary documents, listed below, in accordance with your request and submit along with the form.

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For a patient who 18 years of age or older, provide one of the following:

- A. (If the Requestor is the patient) Provide an original or a copy of a photo ID.
- B. (If the Requestor is not the patient) Provide notarized authorization and a copy of a photo ID from the patient.
- C. (If the Requestor is not the patient) Provide a notarized power of attorney for the patient.

For a patient who is under 18 years of age, provide one of the following:

- A. An original or notarized copy of the patient's birth certificate.
- B. An original or notarized copy showing Court appointed guardianship of the patient.
- C. An original or notarized copy of the patient's birth certificate or Court appointed guardianship papers and a notarized letter stating that the parents or guardian allow the requestor to have the information.

For a patient who is deceased, provide a copy of the death certificate.



**City of Tempe**

**Tempe Fire Medical Rescue**

Medical Records Request Form

Questions? Call 480-858-7264 or Email [Monique\\_Lind@tempe.gov](mailto:Monique_Lind@tempe.gov)

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Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested By: \_\_\_\_\_

Requestor's Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Incident Number (If Known): \_\_\_\_\_

Address (or Crossroads) of Incident: \_\_\_\_\_

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Type of Incident: \_\_\_\_\_

*Note: HIPAA laws require additional information for medical records release. See attached page for more information.*

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There is a \$12 fee per record. (No charge to a patient requesting their own record.) Checks made payable to City of Tempe. Complete form and return along with payment to:

Tempe Fire Medical Rescue

ATTN: Medical Records

P.O. Box 5002

Tempe, AZ. 85280

Records are typically processed within two weeks of receiving the request.