

(Remove this line & place on your agency's letterhead)
DCF Records Request Form

Date: _____

Requesting Agency/Division: _____

Requestor Name: _____

Mailing Address: _____

Fax# _____ Phone: () _____

Agency Case Number (if applicable): _____

Pursuant to 45 C.F.R. s. 164.512 _____ certifies that the information request is relevant and material, specific and limited in scope, and de-identified information cannot be used.

Name of Patient: _____ DOB: _____ SSN: XXX-XX-_____

Incident Date: _____ Time: _____ Location: _____

Nature of call (vehicle crash, Domestic, Theft, etc.): _____

Fire Dept. Incident # (as applicable): _____

Purpose of Disclosure (for identifying or locating one or more of the following – this person may or may not be the patient):

- | | |
|--------------------------------|--|
| <input type="radio"/> Suspect | <input type="radio"/> Material Witness |
| <input type="radio"/> Fugitive | <input type="radio"/> Missing Person |

Type of record(s) requested (Please check only applicable records):

- | | | |
|---|---|-----------------------------------|
| <input type="radio"/> Patient Care Report | <input type="radio"/> Invoice | <input type="radio"/> EKG |
| <input type="radio"/> Fire Dept. Report | <input type="radio"/> Hospital Face Sheet | <input type="radio"/> All Records |

Submit your request by printing this request and sending it to:

Pinellas County Safety & Emergency Services

12490 Ulmerton Road

Largo, FL 33774

Phone: (727) 582-2052

Fax: (727) 582-2021