



Lawrence-Douglas County Fire Medical
(City of Lawrence)
Request for Record Copy

Name of Person Making Request: _____ Date: _____

Address: _____ City, St, Zip: _____

If Medical Record Request: Name of Patient, if different from above: _____

Patient's DOB: _____ Relationship to Patient: _____

RECORD (S) SOUGHT: Please provide as specific as possible, a description of the record (s) you desire to copy. Include record title and dates as well as the names of City Agencies or Departments that produced or hold the record (s):

RECORD TITLE/DATE	NO. OF COPIES	Please send check for:
<input type="checkbox"/> Patient Care Report Incident Date: _____ Incident #: _____ Incident Location: _____	_____	See below
<input type="checkbox"/> Incident Report- Incident # or Type of Incident: _____ Date: _____ Incident Location: _____	_____	\$5.00
<input type="checkbox"/> Fire Investigation Report*- Report # (if known): _____ Date: _____ *Includes incident report and supplemental investigation documents, if applicable. Location: _____	_____	\$25.00
<input type="checkbox"/> Other _____	_____	See below

CHARGES: A charge for providing copies of public records is authorized by Chapter 1, Article 9, of the City of Lawrence Code. These charges are set at a level to compensate the City for the actual costs incurred in honoring your request. The fee schedule established by the City is posted in this office.

Record Search Charge: _____ Copy Charge: _____ **TOTAL CHARGES:** _____

Prepayment of the above amount is required. is not required.

I, the undersigned, hereby certify that neither I nor any person for whom I may be acting as agent intends to and will not:

1. Use any list of names or addresses contained in or derived from the record(s) or information which I may be provided pursuant to this request for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or,
2. Sell, give or otherwise make available to any person any list of names or addresses contained in or derived from the records or information which I may be provided pursuant to this request for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed therein.
3. Health Insurance Portability and Accountability Act of 1996.
 - I may inspect or copy the protected health information to be used or disclosed.
 - I may revoke this authorization in writing by contacting your office at the above address, attention Privacy Officer.
 - Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and no longer be protected by HIPAA.
 - I may refuse to sign this authorization and that you will not condition treatment or payment on me providing this authorization (except to the extent that the authorization is for research-related treatment, in which case you may refuse to provide that research-related treatment).

Signature

Date

Name (Please Print): _____

Relationship to patient (if signed by personal representative of patient): _____

Contact Phone #: _____

Mail completed form and payment (if applicable) to:
Lawrence-Douglas County Fire Medical
1911 Stewart Ave.
Lawrence, KS 66046

Attach copy of identification as appropriate.

Article 9. Public Records

1-901 INSPECTION, COPYING FEES.

It is the purpose of this Article to establish reasonable fees and charges for the provision of access to or copies of open public records in the possession of the City to avoid the necessity of using general public funds of the City to subsidize special services and benefits to a record requester. The official record custodian shall periodically recommend to the Governing Body such changes in this Article as may be necessary to secure this purpose. (Ord. 5510, Section 1)

1-902 INSPECTION FEE.

- (A) Where a request has been made for inspection of any open public record that is readily available to the record custodian, there shall be no inspection fee charged to the requester.
- (B) In all cases not covered by Subsection (A) of this Section, a record inspection fee shall be charged at a rate based on the actual hourly rate of the individual doing the record search; in addition such inspection fee shall include an administrative fee of ten percent (10%). (Ord. 6237, Section 2)

1-903 COPYING FEE.

- (A) A fee of twenty-five cents (\$0.25) per page, with a minimum of \$5.00 (for the first five pages) shall be charged for photocopying public records, such fee to cover the cost of labor, materials and equipment.
- (B) For copying any public records that cannot be reproduced by the City's photocopying equipment, the requester shall be charged the actual cost to the City, including staff time, in reproducing such records.
- (C) A fee of five dollars (\$5.00) per card will be charged for fingerprints. A fee of five dollars (\$5.00) will be charged for fingerprints for Law Enforcement and National Security Checks per subject.
- (D) A fee of three dollars (\$3.00) may be charged for each notary stamp needed other than those required for Law Enforcement or National Security purposes. (Ord. 5648, Ord. 6237, Ord 7025)

1-904 PREPAYMENT OF FEES.

- (A) A record custodian shall demand prepayment of the fees established by this Article whenever he or she believes this to be in the best interest of the City. The prepayment amount shall be an estimate of the inspection and/or copying charges accrued in fulfilling the record request. Any overage or underage in the prepayment shall be settled prior to inspection of the requested record or delivery of the requested copies.
- (B) Prepayment of inspection and/or copying fees shall be required whenever, in the best estimate of the record custodian, such fees are estimated to exceed ten dollars (\$10.00).
- (C) Where prepayment has been demanded by the record custodian, no record shall be made available to the requester until such prepayment has been made. (Ord. 5510, Sec. 4)

1-905 PAYMENT.

- (A) All fees charged under this Article shall be paid to the custodian of the records inspected and/or copied. All fees received shall be paid to the City Treasurer on a daily basis. (Ord. 5510, Sec. 5)