UNIVERSAL REQUEST / AUTHORIZATION FOR EMS RECORDS

Stratford Emergency Medical Services • 2712 Main Street, Stratford, CT 06615 • (203) 385-4060

Patient Name	Date of Birth
Incident Date / Approx. Time	Incident Location
SEMS Incident / PCR # (if known)	Patient Phone / Email

REQUESTER / REQUEST TYPE Check all that apply: ☐ Patient ☐ Parent/Guardian ☐ Personal Representative ☐ Family/Friend ☐ Treating Provider ☐ Insurer/Payer ☐ Attorney/Records Company ☐ Law Enforcement ☐ Government/Regulatory ☐ FOIA/Public Records ☐ Other: _____

Requester Name / Agency / Organization	Title / Relationship to Patient
Phone / Email	Address / Fax / Secure Delivery Destination

RECORDS REQUESTED ☐ ePCR/run form + clinical attachments ☐ Billing ☐ CAD/dispatch ☐ 911/audio ☐ Photos/video ☐ Any and all records related to incident ☐ Other: _____

PURPOSE / LEGAL BASIS (if applicable): _____

DELIVERY: ☐ Zix secure email ☐ Secure portal/ChartSwap ☐ Fax ☐ Mail ☐ In-person pickup ☐ Other approved method: _____

PATIENT AUTHORIZATION — COMPLETE WHEN AUTHORIZATION IS THE RELEASE BASIS

I authorize Stratford Emergency Medical Services to disclose the records identified above to the requester/recipient identified on this form for the purpose stated above or, if I initiated this authorization and do not state another purpose, at my request. This authorization expires one year from the date signed unless I state another expiration date/event: _____.

I understand that I may revoke this authorization in writing, except to the extent action has already been taken in reliance on it; treatment, payment, enrollment, or eligibility for benefits generally will not be conditioned on signing this authorization except as permitted by law; and information disclosed to a recipient may be subject to redisclosure and may no longer be protected by HIPAA.

Patient / Personal Representative Signature	Date / Time
If representative: print name and describe legal authority	Evidence attached: ☐ Yes ☐ N/A Type: _____

SEMS USE — RELEASE AUTHORITY / VERIFICATION

Basis: ☐ Individual access §164.524 ☐ Valid authorization §164.508 ☐ TPO §164.506 ☐ Required by law §164.512(a) ☐ Public health/abuse §164.512(b)/(c) ☐ Oversight §164.512(d) ☐ Law enforcement §164.512(f) ☐ OCME §164.512(g) ☐ Workers' comp §164.512(l) ☐ FOIA/Town Counsel determination ☐ Court/legal process ☐ Other: _____

Identity / authority verified by & method	Records released / withheld / redacted
Released by / Date / Time	Delivery method / destination verified

RECIPIENT RECEIPT (pickup or when obtained): I acknowledge receipt of the records identified above. Signature: _____ Date/Time: _____

A copy of a signed authorization must be provided to the signer. See reverse for instructions and required supporting evidence.

PROCESSING INSTRUCTIONS & SUPPORTING EVIDENCE

A. Start with the request, not a denial — Log it; identify the patient/incident and scope; preserve and assemble responsive records; then apply the release criteria. Do not challenge motive, rank, relationship or perceived need before doing the records work.

B. Identity verification — Use reasonable, proportionate verification. Acceptable evidence may include government ID, secure portal authentication, verified contact information already on file, matching demographics, or other reliable evidence. In-person appearance is not routinely required.

C. Representative authority — Attach or document the evidence relied upon. Guardian/conservator: court order or equivalent. Health-care agent/POA: instrument showing authority relevant to the request. Minor: parent/guardian status and custody/order information if relevant. Decedent: executor/administrator/probate or other lawful authority. Spouse/next of kin/family status alone does not automatically establish unrestricted authority.

D. Attorneys / insurers / vendors — Routine attorney requests → ChartSwap first; Digitech may handle complicated/billing-related requests. Insurance/payment requests → Digitech. SEMS remains responsible for lawful handling. Do not treat attorney letterhead or insurer status as a substitute for the applicable authorization/payment/legal basis.

E. Law enforcement / legal process — Identify officer/agency and legal basis. A badge or verbal request alone does not authorize an unrestricted PCR. Apply 45 C.F.R. §164.512(f). Preserve subpoenas, warrants, court orders and other process and route non-routine matters to the EMS Director/Privacy Officer/Town Counsel before release.

F. FOIA — Log, preserve and assemble responsive records first. Route to Town Attorney/FOIA authority for the release/redaction determination. EMS staff should not simply deny a request by saying 'HIPAA.'

G. Secure delivery — Use Zix-secured email, approved secure portal/ChartSwap, verified fax, mail, or in-person pickup. Confirm fax/address/email destination before sending. Ordinary unencrypted email is not the default method for PHI.

H. Receipt and filing — Provide the signer a copy of any signed authorization. For pickup, obtain recipient signature. For other delivery, retain transmission confirmation when available. File the request, authorization/legal authority, representative evidence, release determination, records released/list, date, recipient, delivery method and staff member in the approved SEMS privacy/records system. Do not place unnecessary identity documents in the clinical narrative.

I. Retention — Patient care reports: retain at least 10 years under CT State Library Schedule M7-190, subject to longer legal hold/claim/investigation requirements. HIPAA-required authorizations and privacy documentation: retain at least 6 years under 45 C.F.R. §164.530(j). CAD, audio and other public-safety records may have different M7 retention periods. Never destroy records subject to a legal hold.

J. Fees — SEMS routine electronic patient copies: ordinarily no charge. If a fee is charged for an individual-access request, it must comply with 45 C.F.R. §164.524(c)(4); do not charge search/retrieval, verification, system or outsourcing administrative costs. CT C.G.S. §20-7c(d), where applicable, limits health-record copy fees and includes no-fee circumstances for qualifying Social Security/veterans claims.

K. If criteria are not met — Do not stop at 'no.' Tell the requester exactly what is missing and whether another lawful pathway can be used. Escalate uncertainty, disputes, denials, privacy incidents and unusual requests to the EMS Director/Privacy Officer or Town Counsel.