

**SOUTHERN TELLER COUNTY HEALTH SERVICES DISTRICT
PUBLIC RECORDS REQUEST**

The Southern Teller County Health Services District (District) complies with the requirements of the Colorado Open Records Act, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and other applicable laws with respect to the production of public records, including with respect to whether it must, may, or cannot produce public records, and the fees it charges for such production. A complete copy of District's Open Records Request Policy and fees can be found on the District's website: <https://www.swtcems.org/governance>. **All requests for public records must be sent to EMS Director Eric Murray at Director@SWTCEMS.org.**

By signing below, I acknowledge that fees may be assessed for producing the records I am requesting, and/or for delivering the records to me. I have had the opportunity to review District's Open Records Request Policy and fees for producing the public records, available at the link listed above. If requested by the District, I agree to pay all fees for my request before the District sends the records to me.

Name:	Date:
Mailing Address:	Email Address:
Signature:	Phone Number:
<p>Detailed Description of Records Requested. If possible, please include: (a) type of record; (b) date or date range; (c) specific subject matter; and (d) names of persons or locations. If this is a request for a Fire Incident Report, please also include the (e) incident number and (f) incident address, if known. Attach additional pages if needed.</p>	
<p>If any of the records requested contain Protected Health Information (PHI) about a person who is not you, this request must be accompanied by an <i>Authorization to Release Medical Information</i> under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).</p> <p>An <i>Authorization to Release Medical Information</i> is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Preferred Delivery Method: <input type="checkbox"/> Email* <input type="checkbox"/> Fax* (Number: _____)</p> <p style="padding-left: 100px;"><input type="checkbox"/> Mail (additional fees) <input type="checkbox"/> Pick Up/View in Person</p> <p>*Records sent by email or fax transmission will be sent through UNENCRYPTED FAX/EMAIL THAT IS NOT SECURE and there is a risk that the records could be seen by a third party during electronic transmission, while in electronic storage, and/or upon completed delivery. The District is not responsible for unauthorized access of Protected Health Information (PHI) resulting from the faxed or emailed transmission, or for safeguarding PHI upon delivery.</p>	

For Internal Office Use	
Office Notes:	
Completed By:	Date: