City of Kissimmee Fire Department
101 Church St., Suite 200
Kissimmee, Florida 34741-5054
(407) 518-2222 • FAX (407) 933-8604

EMS/Medical Records Request

Pursuant to Florida Statute 401.30(4), records of emergency calls or treatment information are confidential and exempt from public record provisions of F.S.119.07(1) and may not be disclosed without proper consent of the person to whom they pertain. Limited disclosure may be made without patient consent in the following circumstances:

- to a guardian, next of kin if the patient is deceased, to a parent or guardian if the patient is a minor;
- to hospital personnel for use in conjunction with patient care;
- upon issuance of a subpoena with proper notice to the patient or their legal representative;
- to an agency for quality assurance purposes; or
- to any law enforcement agency or other regulatory agency over emergency medical services.

I, _____, the individual requesting an EMS report, hereby certify
Print Name
that I am authorized to receive a copy of the medical record indicated above, and I have provided

the Kissimmee Fire Department with proper identification as authorized by law.

Incident Number (if known): _____Date of incident: _____

Current Address: _____

_____

Phone Number: _____

_____ _____
Signature Date

_____ _____
Witness *(Print name)* Date

_____
Signature

Copy of identification attached