

TABLE OF CONTENTS
CHAPTER 5: PUBLIC RECORDS

A.	COMPLIANCE	1
B.	AUTHORIZATION REQUIRED FOR REMOVAL OF ORIGINAL RECORDS	1
C.	ON-SITE REVIEW OF ORIGINAL RECORDS	1
D.	UNAUTHORIZED ALTERATION, REMOVAL OR DESTRUCTION OF ORIGINALS	1
E.	PATIENT CONFIDENTIALITY	2
F.	REQUEST FOR DISCLOSURE OF PUBLIC RECORDS PROCEDURE	6
G.	REQUEST FOR DISCLOSURE OF PUBLIC RECORDS FORM	7

POLICY 5.1: PUBLIC RECORDS

A. COMPLIANCE

The District shall fully comply with the Oregon Public Records Law, ORS 192.410-192.505. A copy of this law is contained in the Appendices to this Manual.

1. Specificity of Request: In order to facilitate the public's access to records in the District's possession, and to avoid unnecessary expenditure of staff time, persons requesting access to public records for inspection or copying, or who submit written requests for copies of public records, shall specify the records requested with particularity, furnishing the dates, subject matter and such other detail as may be necessary to enable District personnel to readily locate the records sought.
2. Access: The District shall permit inspection and examination of its non-exempt public records during regular business hours in the District's offices, or such other locations as the Board may reasonably designate from time to time. Copies of non-exempt public records maintained in machine readable or electronic form shall be furnished, if available, in the form requested. If not available in the form requested, such records shall be made available in the form in which they are maintained. *ORS 192.440(2)*.
3. Certified Copies: Certified copies of non-exempt public records shall be furnished upon request, and receipt of payment therefore.

B. AUTHORIZATION REQUIRED FOR REMOVAL OF ORIGINAL RECORDS

At no time shall an original record of the District be removed from the District's files or the place at which the record is regularly maintained, except upon authorization of the Board of Directors of the District.

C. ON-SITE REVIEW OF ORIGINAL RECORDS

If a request to review original records is made, the District shall permit such a review provided that search fees are paid in advance in accordance with paragraph B.4, above. A representative shall be present at any time original records are reviewed, and the charges for standing by while the records are reviewed shall be the same as the charges for searching or reviewing records.

D. UNAUTHORIZED ALTERATION, REMOVAL OR DESTRUCTION OF ORIGINALS

If any person attempts to alter, remove or destroy any District record, the District representative shall immediately terminate such person's review, and notify the attorney for the District.

E. PATIENT CONFIDENTIALITY

1. Policy: It is the responsibility of the District not to breach the confidentiality of a patient's medical records at any time. This applies to gaining medical information from the patient at the scene, written information on Patient Care Report Forms (PCRF), storing patient records and appropriate release of patient information as provided in OAR 333-550-090 and other applicable laws.
2. Prehospital Patient Care Forms Quality Assurance Review: To protect the confidentiality of patient information during quality improvement sessions, access to the PCRF shall be limited. For the purpose of formal case reviews, all information that may identify the patient shall be edited from the PCRF. This will be performed by the EMS Coordinator or IMS/Project Manager. All persons having access to PCRFs must sign a confidentiality statement.
3. Storage and Destruction of Prehospital Care Report Form Requirements:

Storage: To ensure the confidentiality of patient information by limiting access to PCRFs *all copies, with the exception of copy of PCRF provided to the transporting medic*, of the PCRFs shall be placed in the PCRF lock boxes that are provided at each station. The District EMS Coordinator will pick up PCRF forms on a regular basis and turn them into the IMS/Project Manager at the Main District office for record keeping

Destruction: Except for a minor patient, *unless a patient is notified*, the district may not destroy a medical record or report about a patient for 10 years after the record or report is made, or longer if required by law or regulation
In the case of a minor patient, a medical record or report about a minor patient may not be destroyed until the patient attains the age of majority plus three years or for 10 years after the record or report is made, whichever is later, *unless the parent or guardian of the minor patient is notified*.

The notification must:

- A. Be made by first class mail to the last known address of the patient;
- B. Include the date on which the record of the patient shall be destroyed; and
- C. Include a statement that the record or synopsis of the record, if wanted, must be retrieved at a designated location within 30-days of the proposed date of destruction.

The destruction of patient care forms shall be accomplished in the following manner. PCRFs that are past the date of required storage shall be shredded or destroyed in a manner that prevents patient information release to unauthorized personnel.

Under no circumstances shall an employee, volunteer or agent make a copy of a PCRf for their own personal record or remove the original or a copy of a completed PCRf from the files or facilities without having written approval of the District.

All PCRfs may be made available for inspection and duplication when requested by the Oregon Health Division as authorized by ORS 41.675 and 41.685.

4. Procedure Release of Patient Information:

A. The pre-hospital care report is considered privileged information and shall be treated as such. Access to same, upon completion, will be restricted to authorized staff only (treating medic personnel, EMS Officer, billing staff, Supervising Physician).

B. PHCR or detailed information concerning patient medical history shall not be copied except as required for CONFIDENTIAL quality improvement review EXCEPT that:

Copies may be provided to: upon receipt of a release form (see attached Patient Release of Information) to;

a. The patient (with identification)

b. The patient's legal representative, upon written request/release signed by the patient

c. The patient's legal guardian (with proof of guardianship and identification) or a written request from the legal guardian, along with proof of legal guardianship

d. Person providing a subpoena for the record

C. The department will cooperate within the above limits as much as possible to assist law enforcement investigative efforts; however, law enforcement agencies shall not be exempt from obtaining a subpoena for copies of the records. Law enforcement personnel may be given patient name, age, DOB, address, and relevant information verbally from the PHCR.

D. The release of information to the media shall be limited to the Chief, Assistant Chief, or designated representative thereof.

E. The following information may be released to the media:

a. Time of call

b. Nature of incident and number of patients

c. General statement concerning injuries (minor, serious, critical)

d. Hundred block and street of incident or nearest intersection

e. Transport destination

- f. Name (names of patients under 18 are confidential and shall not be released), age, and hometown of the patient if asked. (In the event of a fatality, name shall be withheld)
- F. The District will not release to the media
 - a. The full address of the patient
 - b. Specific medical history details
- G. Personnel are reminded to treat patient information as confidential and not discuss patient information outside the work place.

STAYTON FIRE DISTRICT

CONSENT TO RELEASE CONFIDENTIAL MEDICAL INFORMATION

Name of Health Care Provider: _____

Address: _____

Telephone: _____

The undersigned hereby authorizes and consents to the release and disclosure of medical information.

I authorize _____

(Name of Providing Agency)

to release information contained in medical records of _____

(Name of Patient)

to _____

(Name and Address of Requesting Agency)

This consent may be revoked at any time, except to the extent that action has already been taken. This consent for release of medical information automatically expires ninety (90) days after the date of signature.

Date

Signature of Patient or Legal Responsible Party

Title of Legal Responsible Party

Printed Name of Patient

F. REQUEST FOR DISCLOSURE OF PUBLIC RECORDS PROCEDURE

Procedure for making public record requests:

1. Person making the request shall obtain and complete a Public Records Request form from one of Stayton Fire District's Human Resource personnel.
2. Requests may be mailed, to Stayton Fire District, 1988 W. Ida St., Stayton OR 97383, or faxed to (503) 769-1487, emailed or dropped off in person.
3. Stayton Fire District will respond to all public records in accordance with current Oregon Public Records laws.

When a request is submitted in writing, the district must respond within five business days acknowledging the receipt of the request. Acknowledgment must include one of the following:

- Statement confirming that the public body is the custodian of some or all of the requested records;
- Statement informing the requester that the public body is not the custodian of the requested records;
- Statement notifying the requester that the public body is uncertain whether the public body is the custodian of the requested records.

The District will provide written notification of the estimated fees for providing the requested records if the cost is more than \$25 and receive confirmation from the requester to proceed with making the requested records available.

District has an additional 10 business days after acknowledging receipt of request, to fulfill the request or issue a written response estimating how long fulfillment will take.

The district is not subject to this response timeframe if it is awaiting a response from the requester seeking clarification of the inquiry or if the requester has not agreed to pay for the records or if other considerations that apply such as:

- Complicated requests
- Large volume of requests
- Requests involving documents not readily available or if the necessary staff are unavailable to fulfill the request

4. The district fee schedule will be used in calculating fees for public records requests. (see Policy 12.10)

G. REQUEST FOR DISCLOSURE OF PUBLIC RECORDS FORM

Request Type: Fire/Incident Report Other _____

Person Requesting Record:

Name: _____

Company: _____

Mailing Address: _____

Phone: _____ FAX: _____ Email: _____

Date of Request: _____ Estimated Cost: \$ _____

Requester confirmation to accept estimated cost and proceed: _____ (Initial)

Billing Preference - Send invoice by: Email Fax Mail

Record Request Information:

I wish to ___ inspect ___ receive a copy of the following specific record(s) from Stayton Fire District, 1988
W. Ida St. Stayton OR 97383:

Record Date(s) From: _____ To: _____

Copy Format: Paper copy Electronic copy CD

*****Business Office Use*****

___ Allow access - Date/Time to review: _____

___ We do not have the record(s)

___ Deny access

The records you have requested are legally exempt from public disclosure by the following
authority: _____

Fire District personnel contacted: _____

Date contacted: _____

Fire District personnel certifying the information provided is a true copy of the paper or electronic
record: _____ Date: _____