

Wantagh Fire District

BOARD OF FIRE COMMISSIONERS

2045 WANTAGH AVENUE

WANTAGH, NEW YORK 11793

TEL. 516 785-1774

FAX 516 785-1041



Public Records Request

Requests for records should be in writing using the appropriate forms. Please note the following:

- The application for Public Access to Records is required for all records request.
- If the records desired involve a request for assistance from the Wantagh Fire Department please complete the form and give as much detail as possible regarding the incident, the date, time, location and type of alarm(fire, rescue, auto accident, etc.).
- Oral request for records, though rarely, may be accepted when the records are readily available and do not include medical information.
- If you desire a copy of the Pre-Hospital Care Report (PCR), which is a medical record, the HIPPA Form **MUST** also be completed.

Address ALL requests:

Wantagh Fire District
Attn: District Superintendent Brendan J. Narell
2045 Wantagh Avenue
Wantagh, New York, 11793-3923
BNarell@WantaghFD.com

Instructions for the Use
of the HIPAA-compliant Authorization Form to
Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act (“HIPAA”) and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as “at the conclusion of my court case” or provide a specific date amount of time, such as “3 years from this date”.

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.

