



Reviewed/Revised:

POLICY #P-27

Request for Public Records

Supersedes: New

Approved by: Fire Chief

Approved by the Board of Commissioners: March 14, 2012

PURPOSE: It is the policy of East Olympia Fire District 6 to comply with the rules and regulations set forth herein and pursuant to Chapter 42.56 RCW and Washington Administrative Code for the purpose of protecting and making public records readily accessible to the public.

SCOPE: Applies to all employees, volunteers, and commissioners of the District.

POLICY

In accordance with requirements of RCW 42.56 as amended, except as provided in Sections 42.56.210 through 42.56.290, requiring that agencies prevent unreasonable invasions of personal privacy, protect public records from damage or disorganization, and prevent excessive interference with essential functions of the District. Public records may be inspected, or copied, or copies of such records may be obtained by members of the public upon compliance with the procedures listed below.

PUBLIC RECORDS OFFICER

The Fire Chief shall act as the Public Records Officer and shall be responsible for implementation of the District's rules and regulations regarding release of public records, coordinating the staff of the District in this regard, and generally insuring compliance by the staff with the public records disclosure requirements of RCW Chapter 42.56.

REQUESTS FOR PUBLIC RECORDS

1. Public records shall be available for inspection and copying during the customary office hours from 8:00 a.m. to noon and from 1:00 p.m. to 4:30 p.m., Monday through Friday, excluding legal holidays.
2. A request shall be made in writing on a Request for Public Records Form prescribed by the District which shall be available at Headquarters Station 61 administrative office or on the District's web site. The written request shall be presented to the Public Records Officer at Headquarters Station 61 at 8047 Normandy Street SE, Olympia WA. All mailed requests for copies of public records shall be sent to:

Public Records Officer
East Olympia Fire District 6
P.O. Box 578
East Olympia, WA 98540

3. In all cases in which a member of the public is making a request, the public records officer or staff member to whom the request is made will use their best efforts to assist the member of the public in appropriately identifying the public record requested. However, it is the obligation of the requestor to present a request for identifiable public records. If the District cannot determine which specific records are the subject of the request, the District may contact the requestor to seek additional information at the address listed by the requestor on the approved public records request form.
4. The District shall honor all requests received by mail as though the same were presented in person, and shall upon specific request by the requestor, mail responsive records, upon receipt of the necessary payment for copies, postage and mail container.
5. The District shall respond to all requests within five business days of the date of receipt of the request by:
 - a. providing the document(s) requested;
 - b. notifying the requestor that additional time is needed to respond; or
 - c. denying the request.
6. The District may exercise its right to request additional time to clarify the request, to locate documents, to notify third persons or agencies affected by the request, or to determine if the record requested is partially or wholly exempt under RCW 42.56 (See Request for Public Records\Exemption Log).
7. The District and its officials or employees are not liable for loss or damage based on release of a public record if the official or employee acted in good faith in attempting to comply with the Public Records Act.

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Health care information shall not be released to any person unless there is: (a) prior authorization from the Fire Chief; (b) a written consent to the release of the report or portions of the report from the patient or patient's legal representative. These requirements shall apply equally to federal, state and local government entities, unless the person or entity submitting the request falls within the exceptions to the general requirement of patient authorization as set forth in RCW 70.02.050. Requests that fall under RCW 70.02.050 shall be referred to the fire chief, who may seek legal counsel.

All requestors of personal health care information shall provide proof of personal identification.

An Authorization to Release Health Care Information Form attached and incorporated herein shall be used to process requests for medical incident reports. Patient signed and notarized authorizations for release of medical records from legal counsel may be honored.

INSPECTION OF PUBLIC RECORDS

Public records and facilities for their inspection and/or copying will be provided by the public records officer of the District. Such records or documents shall not be removed from the place designated for their inspection and all records will be reviewed under the supervision of the public records officer or his/her designee.

COPYING

No fee shall be charged for the inspection of public records. The District may charge a fee of \$0.15 per page for a copy of public records, plus the cost of any postage and container used to mail the records.

EXEMPTIONS

The District reserves the right to determine if the public records requested, in accordance with Chapter 42.56 RCW, are exempt from public inspection or copying.

In addition, the District reserves the right to redact identifying details when it makes available or publishes any public record, in any case when there is reason to believe that disclosures of such details would be an invasion of personal privacy. The Public Records Officer, or their designee, will explain the basis for such deletion, in writing.

DENIAL OF REQUEST

All denials of requests for public records will be accompanied by a written statement specifying the reason for denial, including a statement of the specific exemption authorizing the withholding of the record and a brief explanation of how the exemption applies to the record withheld (see Request for Public Records\Exemption Log and Denial of Request for Public Records Form).

ADMINISTRATIVE REVIEW OF DENIAL OF PUBLIC RECORDS REQUESTS

Any person who objects to the denial of a request for a public record may petition for a review of such decision by tendering a written request to the Fire Chief of the District. The request shall specifically refer to the written statement issued which constituted or accompanied the denial.

After receiving a written request for review of a decision denying a public record, the Fire Chief shall immediately consider the matter and either affirm or reverse such denial or call a special meeting of the District fire commissioners as soon as legally possible to review the denial. In any case, the request shall be returned with a final decision within two business days following the receipt of a request for review, or within such other time as the Fire Chief and the requestor mutually agree to.

PROTECTION OF PUBLIC RECORDS

No person shall knowingly alter, deface, or destroy public records of the District.

Original copies of public records of the District shall not be removed from the offices of the District.

Care and safekeeping of public records of the District, furnished pursuant to a request for inspection or copying, shall be the sole responsibility of the requestor.

Records furnished for public inspection or copying shall be returned in good condition and in the same file sequence or organization as when furnished.

Disruptive conduct by those requesting public records of the District shall not be permitted.

RECORDS INDEX

Due to the District's limited staff and resources, no general index is maintained, as it would be unduly burdensome to do so and would interfere with the primary life safety mission of the District.



REQUEST FOR PUBLIC RECORDS

INSTRUCTIONS:

Requestor completes REQUESTOR section and *PUBLIC RECORDS/INFORMATION REQUEST* if request is made in person, otherwise employee receiving the requests completes this section. Attach legal or other explanatory documents. Route this form to the Public Request Officer.

FOR DISTRICT USE ONLY	
Date:	Time: AM PM
Request No.	
Request received by:	

This completed form is an open public document and may be released to any requester. Your request will be forwarded to the Public Records Officer. Unless otherwise notified, agency response will be completed within five (5) working days.

REQUESTOR

Name of requester	Phone	Fax
Address	City	State Zip
E-mail Address		
How you would like to receive request: <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail to above address <input type="checkbox"/> E-mail to above address <input type="checkbox"/> Fax to		

PUBLIC RECORDS/INFORMATION REQUESTED

(If illness or injury is involved, attach **Authorization to Release Health Care Information** form)

I wish to <input type="checkbox"/> inspect or <input type="checkbox"/> receive a copy of the following specific record(s):	Request made: <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by e-mail Attach request
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To assist with record identification, list names of other persons named in the records you seek, if known:

I certify that the information obtained through this request for public record will not be used for commercial purposes.

Requester's Signature: _____ **Date of Request:** _____

AGENCY RESPONSE

<input type="checkbox"/> Allow Access	Charge is \$0.15 for each photocopy, plus the cost of any postage and container used to mail the records.
<input type="checkbox"/> We do not have the record(s)	
<input type="checkbox"/> Deny Access	The records you have requested are legally exempt from public disclosure by the following authority:

Public Records Officer Signature: _____ **Date:** _____

REQUESTER NOTIFICATION

Name of person notified	Date	Time AM PM
<input type="checkbox"/> by mail <input type="checkbox"/> by phone	Signature of person notifying	
<input type="checkbox"/> in person <input type="checkbox"/> by e-mail		

Recipient's Signature: _____ **Date of Receipt:** _____



AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

I understand that by authorizing the release of these records I am waiving and relinquishing any privilege or right which I may have to keep said records confidential or to prevent their disclosure, and I hereby agree to hold Thurston County Fire District #6 and all of its officers, employees and agent harmless from any and all claims that may be made against them on account of the release of the below-described records as herein authorized.

FOR DISTRICT USE ONLY	
Date: _____	Time: _____ AM PM
Request No. _____	
Received by: _____	

P A T I E N T	_____	_____	_____
	Name	SSN	Date of Birth
	_____	_____	_____
	Address	Phone	Driver's License No.
_____	_____	_____	_____
City	State	Zip	Previous Name, if any

I request and authorize Thurston County Fire District #6 to release health care information of the patient above to:

R E L E A S E T O	_____	_____	_____
	Name	Phone	Fax
	_____	_____	_____
	Affiliation	E-mail Address	
	_____	_____	_____
	Address	City	State
This request and authorization applies to:			Date of incident: _____
<input type="checkbox"/> All health care information			Time of incident: _____ AM PM
<input type="checkbox"/> Health care information relating to the following treatment, condition or dates of treatment			Address/Location of incident: _____
<input type="checkbox"/> Other: _____			Other Details: _____

RELEASE REQUIRING ADDITIONAL, SPECIFIC CONSENT:

I understand my **initials** and **signature** below **authorize the release** of healthcare information relating to testing, diagnosis or treatment for:

_____ (Initial) HIV/AIDS	_____ (Initial) Mental Health
_____ (Initial) Sexually Transmitted Diseases	_____ (Initial) Substance Abuse
_____ (Initial) Reproductive Care (minors only)	

Minors – A minor's patient signature is required in order to release the following information: (1) conditions relating to the minor's reproductive care including, but not limited to, contraception, pregnancy and pregnancy termination, sterilization, and sexually transmitted diseases (age 14 and older); (2) alcohol and/or drug abuse (age 13 and older); and (3) mental health conditions (age 13 and older).

_____ Date _____ Signature of patient or patient's authorized representative _____ Relationship to patient Check if patient is a minor

Signature of patient or patient's authorized representative: _____	Date: _____
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Relationship/status if signed by anyone other than patient (parent, legal guardian, personal representative, etc.) _____

Recipient's Signature: _____	Date of Receipt: _____	Time of Receipt: _____ AM PM
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District Representative: _____ Date: _____ Number of copies: _____

Proof of Washington State Driver's License was received/checked W.D.L No.: _____

THIS AUTHORIZATION EXPIRES 90 DAYS AFTER THE DATE IT IS SIGNED

Thurston County Fire District #6

Public Records Officer • 8047 Normandy Street S.E. • P.O. Box 578 • East Olympia, WA 98540
 Phone (360) 491-5533 • Fax (360) 459-3873 • web site: www.eofd.org
 Office Hours: 8:00 a.m. - 12:00 p.m. and from 1:00 p.m.-4:30 p.m. Monday – Friday, Excluding Legal Holidays