



MIAMI-DADE FIRE RESCUE DEPARTMENT
Records and Resources Bureau
9300 NW 41st STREET, DORAL, FL 33178-2414
786-331-4900

INSTRUCTIONS TO REQUEST FIRE PROPERTY REPORTS AND PROTECTED HEALTH INFORMATION

FIRE PROPERTY REPORT: The following information must be provided with your request.

- The exact date, time and location of the incident. Provide incident number if available.
- If you do not have the exact date of loss, please provide us with incident location and approximate month and year of incident.
- For fire loss research on a property address or extensive fire property research (only on public places), please provide property location, date and year parameters to be researched. A fee for extensive research may apply (for extensive property research fee schedule contact 786-331-4900).

NOTE: Fire reports are public records with exception of arson investigation reports unless closed.

FEE SCHEDULE:

- Fee for a fire property report is \$1.00 per certified page (amount of pages per report will vary). Must contact our office at 786-331-4900 for total amount of report cost. Please include a check for the amount provided over the phone made payable to "Miami-Dade Fire Rescue".

Fee schedule per Florida Statutes, Chapters 119, section 119.07 (1) (a), and Miami-Dade County Administrative order 4-48 section 4.02, Home Rule Chapter.

Mail your complete record request along with a self-stamped envelope to the above address.

Rescue Patient Report: The following information must be provided with your request .

- The exact date, time and location of the incident. Provide incident number if available.
- Patient's full name, including alias if applicable.
- A copy of the police report and/or transport bill, if available.
- If the patient is a minor, the parent or legal guardian must provide legal documents stating guardianship or a birth certificate, along with a copy of the requesting parent/guardian driver's license or legal photo ID.
- If you were the person treated by fire rescue, include a copy of your driver's license or legal photo ID with your request.
- If the patient is deceased, (reports are released to the next of kin only) a copy of the death certificate identifying the next of kin and/or legal documents of estate representative are required, along with a copy of the requesting family driver's license, legal photo ID or attorney letter representing the estate.
- If the requestor is a law firm or insurance company, a signed notarized medical authorization is required. If the patient is a minor, the parent or legal guardian must sign authorization and state the relationship to the minor under the signature. If the signature is not legible, please write or type the person's name under the signature.

NOTE: The data contained on the rescue patient reports is confidential medical information. It is exempt from Florida State Statutes 119.0, Public Records Law, and protected under Florida State Statutes 401.30, Medical Transport Law and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Public Law 104-191, Privacy Rule 45CFR Part 160-1 64.

FEE SCHEDULE:

- Fee for a rescue patient report is \$1.00 per certified page (amount of pages per report will vary). Must contact our office at 786-331-4900 for total amount of report cost. Please include a check for the amount provided over the phone made payable to "Miami-Dade Fire Rescue".

Fee schedule per Florida Statutes, Chapters 119, section 119.07 (1) (a), and Miami-Dade County Administrative order 4-48 section 4.02, Home Rule Chapter.

Mail your complete record request along with a self-stamped envelope to the above address.

For additional information or other type of incident reports:	Call 786-331-4900, between 8:00 am – 4:30 pm, Monday through Friday.
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