



OFFICE OF THE CITY ATTORNEY
808 W. SPOKANE FALLS BLVD.
SPOKANE, WASHINGTON 99201-3326
509.625.6225 TELEPHONE
509.625.6277 FACSIMILE

HOWARD F. DELANEY
CITY ATTORNEY

PATRICK J. DALTON
SENIOR ASSISTANT ATTORNEY

PRACTICE GROUPS

ADMINISTRATIVE
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SALVATORE J. FAGGIANO
ELLEN M. O'HARA
BRUCE E. COX

Dear Sir or Madam:

You have expressed an interest in inspecting or obtaining a copy of an emergency medical report from the City of Spokane Fire Department. The City of Spokane recognizes that there may be potential confidentiality or privacy issues with the release of this document, and, therefore, has established the following procedures:

1. The release form enclosed with this letter must be completed and signed before a notary public. If you, the requester, are not the victim, you will need to attach the victim's permission for release or otherwise explain why this is impracticable or impossible.
2. Take or mail the completed release form to:

City of Spokane Fire Department
Attn: EMS Records
44 W. Riverside Ave.
Spokane, WA 99201
3. The Fire Department will make a copy of the emergency medical report and send it to the City Attorney's Office for review.
4. The City Attorney's Office will authorize or deny release. If release is authorized, the report will be mailed to you.

If you have any questions, please contact me at (509) 625-6225.

Very truly yours,

Salvatore J. Faggiano
Assistant City Attorney

Encl.

CITY OF SPOKANE FIRE DEPARTMENT

**REQUEST FOR INSPECTION/COPYING
EMERGENCY MEDICAL REPORTS**

I request to inspect/copy the emergency medical reports(s) for the following:

Name(s) of Patient(s) _____

Incident Location _____

Incident Date _____ Report No. _____

The City of Spokane and its employees do not make any warranty, expressed or implied, as to the accuracy of the document(s) requested to be inspected/copied.

Signature _____

Name Printed _____ Phone _____

Address _____

If you wish this report to be sent to a person other than yourself, please identify below:

Name: _____

Address: _____

STATE OF WASHINGTON)

County of _____) ss.

I certify that I know or have satisfactory evidence that _____ signed this document and acknowledged it to be his/her free and voluntary act for the uses and purposes therein mentioned.

Dated _____

Notary Public In and for Washington State
Residing at _____

My appointment expires _____

FOR CITY USE ONLY

Date Request Received _____ Date of Action _____

Request: Granted _____ Denied _____ Other _____

Comments: _____

By: _____ Assistant City Attorney