



# FIRE DEPARTMENT – CITY OF NEW YORK

## BUREAU OF LEGAL AFFAIRS – PUBLIC RECORDS UNIT

9 MetroTech Center, Brooklyn, NY 11201

publicrecordsunit@fdny.nyc.gov – (718) 999-2681

## Pre-Hospital Care Reports

This form is used to request copies of Pre-Hospital Care Reports held by the New York City Fire Department concerning patients treated or transported by the Bureau of Emergency Medical Services (FDNY EMS). **There is no fee to receive copies of these records.**

**SAVE TIME:** Non-certified copies of these records may be requested and received electronically by submitting this completed form – along with copies of the required supporting documents – through **myPatientEncounters** (<https://fdny.mypatientencounters.com/myrecord>).

Please read these instructions carefully before completing this request form:

- **The FDNY only maintains Pre-Hospital Care Reports for patients treated or transported by FDNY EMS.** For all other patient records, contact the responding ambulance provider or receiving hospital.
  - Important: If an invoice was issued for emergency transportation, it will list the name of the ambulance provider – It might not be the FDNY, and in that case you will need to contact the listed provider.
- **If you have a copy of the FDNY invoice for emergency transportation, include the key details from it in the “FDNY Invoice Details” section of this form (under “Section B”).** These billing details are very useful for the FDNY in identifying the incident.
- **Pre-Hospital Care Reports can only be released to parties authorized to receive the records.** These are the categories of patient representatives and acceptable proof:
  - **PATIENT (SELF)**  
Acceptable Proof of Identity: Patients must provide a copy of a valid government-issued photo ID.
  - **PARENT OR GUARDIAN OF A MINOR**  
Acceptable Proof of Status as Parent or Guardian: Parents and guardians must provide a copy of a valid government-issued photo ID, along with a copy of either the patient’s birth certificate listing the parent’s name or a court document indicating custody.
  - **OTHER AUTHORIZED REPRESENTATIVE**  
Acceptable Proof of Status as Other Authorized Representative: Other patient representatives must provide a copy of a valid government-issued photo ID, or name of representing law firm, along with a notarized letter from the patient authorizing the release of the Pre-Hospital Care Report to this other person, and a completed FDNY HIPAA Authorization to Disclose Health Information form.  
  
*If the patient is deceased, patient representatives must provide a copy of a valid government-issued photo ID, along with a court record appointing them as executor of the estate (Letters Testamentary / Letters of Administration).*

This completed record request form, along with copies of the required supporting documents, may be submitted:

- Through **myPatientEncounters** (<https://fdny.mypatientencounters.com/myrecord>).
- In-person at the FDNY headquarters during regular business hours (weekdays from 8 a.m. – 2 p.m., excluding holidays).
- By postal mail (must also include a stamped, self-addressed envelope).

## Section A

### Customer Information (may differ from "Patient Information")

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### Relationship to the Patient

- PATIENT (SELF)  
 PARENT OR GUARDIAN OF A MINOR  
 OTHER AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
Telephone Number

## Section B

### Patient Information

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Last Four Digits of Social Security Number

AM

PM

\_\_\_\_\_  
Incident Date

\_\_\_\_\_  
Incident Time

\_\_\_\_\_  
Incident Address

\_\_\_\_\_  
Incident Borough

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Receiving Hospital (if applicable and known)

\_\_\_\_\_  
Notes

### FDNY Invoice Details (if known)

\_\_\_\_\_  
ACRPCR #

\_\_\_\_\_  
Invoice #

\_\_\_\_\_  
AC ID #

### **FDNY Use Only**

\_\_\_\_\_  
Received

\_\_\_\_\_  
Processed