## **VRFA Records Department**

**HIPAA Compliant Records Request Portal** 

www.vrfa.org/records Office: (253) 288-5800

**DID YOU KNOW** that you can request records through our website at **vrfa.org**? By creating an account, you can submit records requests, track the status of your requests, pay invoices, and communicate with our department—all through our online HIPAA compliant customer portal. Skip the paper and save time by creating an account at **vrfa.org/records**.

REQUESTOR'S CONTACT INFORMATION Please f	fill out complete	ely			
LAST NAME:		MAILING ADDRESS:			
FIRST NAME:	MI:	CITY:	STATE:	ZIP:	
COMPANY NAME:					
EMAIL:		PHONE #:		FAX #:	
INFORMATION/RECORDS YOU ARE REQUESTING	G				
TYPE OF RECORD - Check all that apply:	ADDRESS	S/INTERSECTION of INCIDE	NT/BUSINESS		
Fire Incident	ADDDECC	٠.			
Medical Incident*	ADDRESS	o:			
Adult Patient	CITY	CITY		VRFA INCIDENT #: CAF-	
Minor Child Patient	CITY:		(if known)		
Deceased Patient	DATE & TIME OF INCIDENT:				
Billing Records/Documents	DATE & I	TIME OF INCIDENT.			
<b>Environmental Records/Documents</b>	DATIENT	/DUICINIECC NIANAE			
Other (describe details below)	PAHENI	PATIENT/BUSINESS NAME:			
AUTHORIZATION FOR MEDICAL RECORDS  If requesting medical information, has a serial records and a copy of the requestor's get f medical records:  NOT APPLICABLE YES	_				
NOT APPLICABLE YES					
PUBLIC RECORDS STATEMENT					
REQUESTS FOR PUBLIC RECORDS WILL BE RESPOND request, I understand that Washington State Law li- individuals for commercial purposes. I hereby declar requested records shall not be used in violation of S	mits certain us are under pena	ses, including, but not limited	to RCW 42.56.0	70, prohibiting using lists of	
RETURN METHOD					
Using the contact information above, I prefer my completed records to be returned by:			If you've req	cal records will <b>NOT</b> be e-mailed. uested medical records, please rent option for return.	
Mail Email**	Call me t	o pick them			
Check here if you wish to make an appointment to view the records indicated above before copies are made					
DETURN VOUR COMPLE	TED DEOLIES	TUSING ONE OF THE FOLLA	OVAUNIC NACTUO	DC:	

## RETURN YOUR COMPLETED REQUEST USING ONE OF THE FOLLOWING METHODS:

1. Preferred Method: HIPAA Compliant Records Request Portal

 Mail your completed request to: Valley Regional Fire Authority, Attn: Records 1101 D St NE, Auburn WA 98002