

# Gator Emergency Medical Response Unit

University of Florida Police Department | Division of Public Safety



## RECORDS REQUEST FORM

To obtain records from Gator Emergency Medical Response Unit (GEMRU), please do the following:

1. PRINT OUT THE FOLLOWING FORM
2. COMPLETE ALL INFORMATION ON THE FORM AND SIGN
3. SEND US THE FORM BY:

### EMAIL

If you wish to contact us *VIA EMAIL* in regards to a service that was provided to you or individual(s) you are representing, or if any part of your email includes the correspondence of PHI, we require that you contact us through our HIPAA-compliant email managed by the GEMRU Operations Manager and the GEMRU Medical Director:

[operations@gemru.org](mailto:operations@gemru.org)

*We will not respond to emails containing PHI sent to other email addresses, and we will take appropriate action to protect the information of those whom we contact and treat. If you are unsure of what PHI is, we encourage you to search the [US Department of Health & Human Services website](#). Please note that while our email system is HIPAA-compliant, the email system you utilize may not be as secure. By initiating and/or sending a communication containing PHI to our email, it is assumed that you approve of email as an appropriate means of communication.*

## OR

### PHYSICAL MAIL

If you wish to contact us by mail, you may send information containing PHI (we recommend a security envelope) and/or a request for reasonable alternative communication methods to the following address:

University of Florida Police Department- Division of Public Safety  
ATTN: Gator Emergency Medical Response Unit Records Request  
Building 51, Museum Road  
P.O. Box 112150, University of Florida  
Gainesville, FL 32611

### General Information

*After GEMRU receives your records request, please allow 5-7 business days for requests to be processed.*

*If you have chosen email as your method of correspondence, you will receive a confirmation email from GEMRU before any copies are sent. Please follow the instructions in this confirmation email if you still wish to receive your records via email. Once verified, you will receive two separate emails containing your records in PDF format and a password to access them. If you have not received any of these emails after submitting a Records Request Form, or if you have any questions, please email us immediately at [operations@gemru.org](mailto:operations@gemru.org)*

*If you have chosen physical mail as your method of correspondence, paper copies of records will be sent to the designated mailing address you provide on the following form. If you have not received your records by mail 2 weeks after requesting them, or if you have any questions, please email us immediately at [operations@gemru.org](mailto:operations@gemru.org) or write a letter to the address above.*

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## Record Request: Authorization to Disclose Protected Health Information ("PHI") Maintained by Gator Emergency Medical Response Unit

The term "Patient" used herein refers to the individual who made contact with GEMRU Responders and/or received medical care.  
Gator Emergency Medical Response Unit is also known as "GEMRU", and referred to as such herein.

Patient's Full Name		Date of Birth	UFID (if faculty, staff, student, etc)	
Patient's Primary Address		City	State	Zip
Phone #	Last 4 Digits of SSN (optional)	Patient's Email Address:		

### Complete this section below only if the person requesting records is not the patient:

Name of Representative	Relationship to Patient	Do you have express verbal or written consent to represent this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Representative's Primary Address	Representative's Phone #	Representative's Email Address:	

### By signing this form, I authorize the release of PHI (medical records)

**FROM:** Gator Emergency Medical Response Unit → **TO:** The Following Facility / Person

Check here if same as Patient <input type="checkbox"/>	Clinic, Person, Class of Persons, or Organization	Mailing Address to Receive Documents	Phone #
			Fax #

### Information to be disclosed: I authorize the release of the following health information: (check the applicable box below)

### Indicate the Date(s) for Which You Are Requesting Records:

**ALL** of my health information that Gator Emergency Medical Response Unit has in its possession, including information relating to any medical history, mental or physical condition, and any treatment received by me. This includes information about mental health/psychiatric care, substance or alcohol abuse, STD/HIV/AIDS status or tests, and/or genetic testing.

**ONLY** the following records or types of health information:\*

\* If you checked the 'ONLY' box above, describe the information you are requesting in detail:

Is this needed for a doctor's appointment? If 'Yes', please indicate the appointment date:

<b>Purpose of this Request:</b>	<input type="checkbox"/> Treatment/Continued Care <input type="checkbox"/> Personal Use <input type="checkbox"/> Legal <input type="checkbox"/> Other:
<b>Format of Records:</b>	<input type="checkbox"/> <b>Email</b> , with notice to my e-mail account at: _____ To request records in electronic PDF form, please check the box above and provide a valid and clearly written e-mail address. You will receive an e-mail from <a href="mailto:operations@gemru.org">operations@gemru.org</a> to validate the email address, and you must respond to the validation instructions included in the email. Once validated, we will send an email from the same account containing a copy of the records requested. (No Charge)  <input type="checkbox"/> <b>Paper copies</b> , sent to the address listed above authorized for disclosure. (No Charge)

This authorization allows GEMRU to use and disclose (release) certain PHI, which includes medical records, as I have directed. I understand that:

- The PHI may include information about mental health, substance and/or alcohol abuse, HIV/AIDS, STDs, and/or genetic testing.
- This authorization may be used to share the same type of PHI indicated above which may be created in the future, until the expiration date.
- This authorization will remain in effect for one (1) year or until I revoke it in writing (i.e., tell GEMRU to cancel it).
- I may revoke this authorization at any time by contacting GEMRU via secure communications, however the revocation will not apply to action already taken as a result of this authorization.
- I may refuse to sign this authorization and doing so will not affect my treatment or the quality of care that I receive.
- I understand that PHI released per this authorization may no longer be protected by state law or the federal health privacy law and could be re-disclosed by the person or entity that receives it.
- I am aware that there are no charges associated with this authorization and request for records from Gator Emergency Medical Response Unit.

<b>Signature of Patient/Patient Representative:</b> _____	<b>Date:</b> _____
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<b>Administrative Area:</b> (DO NOT WRITE) _____	<b>Date Request Received:</b> _____	<b>Method Received:</b> _____
<b>Date Contacting Program Coordinator:</b> _____	<b>Date Records Sent:</b> _____	<b>Verified Email?</b> _____
<b>Signature of Program Coordinator:</b> _____	<b>Signature of VP of Operations:</b> _____	