

New York City Fire Department Emergency Medical Service Ambulance Records

Patients who are treated by EMS personnel may request a copy of their ambulance record. The New York City Fire Department Emergency Medical Service **only** maintains Emergency Ambulance Records for patients transported to the hospital by **FDNY EMS personnel**. FDNY EMS does not maintain copies of records for those patients transported by voluntary or private hospital ambulance providers (i.e. Mt. Sinai EMS, Northwell EMS, NYU EMS, Presbyterian EMS, etc.).

Where do I obtain the EMS Ambulance Record, if I was transported to the hospital by a voluntary or private hospital ambulance provider?

You will have to contact the voluntary hospital ambulance provider who transported you to the emergency room or the receiving hospital to obtain a copy of your Emergency Ambulance Record.

Who is eligible to obtain a copy of an Emergency Ambulance Record from FDNY?

- The patient named in the Emergency Ambulance Record.
- A parent or guardian of the minor patient named in the record (requesting parent's name must be on birth certificate).
- An attorney representing the patient, with a properly executed HIPAA Authorization.
- A Personal Representative of the patient named in the record. Requester must state and prove their relationship to the patient.
- If the patient is deceased, a Letter of Administration issued by a Surrogate Court or proof of relationship to the patient.

How can you obtain the Emergency Ambulance Record?

Medical records are confidential under Federal and New York State law and therefore FDNY follows specific guidance to ensure that patient's records are confidential and only released to the patient or as required by law. In order to obtain the records, the patient must complete a HIPAA authorization.

FDNY requires that the request be accompanied by a good-quality photocopy of the signatory's valid (unexpired) government-issued photo ID that clearly shows the signature. One of the following will be acceptable:

- Driver license
- Government issued non-driver photo-ID card
- Passport or Passport Card
- Government issued employment card
- U.S. Military issued photo-ID

The FDNY will also accept two (2) of the following items showing the applicant's name and address, if the requestor does not have a government-issued photo ID:

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

If you are picking your records up *in person* or want to request the records *by mail*, please either visit or mail requests to:

FDNY Public Records Unit

9 MetroTech Center- First Floor

Brooklyn, N.Y. 11201

Use the FLATBUSH AVENUE ENTRANCE

Hours of Operation: Monday - Friday 8:00am to 2:30pm (except Holidays)

(718) 999-2681

If you are requesting your records online, please visit: <https://fdny.mypatientcounters.com/myrecord>

Please note you cannot obtain a “certified” copy of records online. A request for “certified” records must be made either in person or by mail.

Things to remember, if you want to obtain your records online: You will need to know the date of service, first and last name of the patient, date of birth and phone number, and have a valid email address. To verify your identity and/or relationship to the patient, you will need to attach the documents noted above.

Can anyone else obtain the Emergency Ambulance Record other than the patient?

Yes. We do not encourage third party pickups. We recommend that you request your record by mail or online (<https://fdny.mypatientcounters.com/myrecord>).

If the patient is unable to sign an authorization form, the individual acting on the behalf of the patient, must establish the relationship with the patient. As a result, FDNY requires that the representative submit one of the following documents:

- Marriage Certificate
- Death Certificate
- Birth Certificate (minor)
- Medical Power of Attorney or Advance Health Care Directives

In addition, FDNY requires that the request must be accompanied by a good-quality photocopy of the signatory’s valid (unexpired) government-issued photo ID that clearly shows the signature. If obtaining your records online, you will need to attach a copy of these documents to your request.

Submit the request with the accompanying documentation in person, by mail or online.

If you must have your record picked up by a third party, please follow these steps carefully:

- Provide the third party with a signed and dated letter stating who will be picking up your record, which record they will be picking up, and that you grant them permission to get the record for you.
- Send a completed and signed application form with the third party. You may download the appropriate form from the Public Records Unit page. Complete, print, and sign the application form (but do not mail).

- You must include copies of your identification (see requirements above).
- The person picking up your record will be required to provide proof of his or her identity (following the same requirements listed above).

Important Notes:

- There are no fees associated with this request.
- Failure to include the minimum necessary information such as the patient's first and last name, address or incident cross streets and transport date may result in rejection of your application.
- A copy of your Passport is required in addition to the above ID if request is made from a foreign country that requires a U.S. Passport for travel.



FIRE DEPARTMENT – CITY OF NEW YORK
Public Records Unit / PCR Section
 9 MetroTech Center
 Brooklyn, New York 11201-3857
 (718) 999-1167



Pre-Hospital Care Report (PCR) Request Form

SECTION A

CUSTOMER INFORMATION

Please print your address and contact telephone number.

Name _____

Telephone Number _____

Address _____

State _____

Zip Code _____

Note: Mail your request to the address above. Please make sure you complete this form and attach all required documents as specified below. Enclose a self-addressed envelope (with a postal stamp).

SECTION B

PATIENT INFORMATION

Please carefully read the instructions below and print the required patient's information.

Name of Patient: _____

Incident / Date: ____/____/____

Incident / Time: ____:____

Please check only one box: AM PM

Incident / Location: _____

Incident / Borough: _____

Hospital taken to: _____

Note: If the patient was not taken to a hospital, please indicate if he/she refused treatment or was treated at the scene on the line above.

Is the patient a minor (please check only one box)?

YES

NO

Date of Birth: ____/____/____

Last 4 digits of Social Security Number: _____

If you have the PCR, please provide PCR number: _____

What is the requester's relationship to the patient (please check only one box below)?

Self / Patient

Parent / Guardian

Executor / Administrator of Estate

Other _____

CUSTOMER – PLEASE READ AND SUBMIT THE REQUIRED ITEM(S) BELOW

- A copy of a valid proof of identity in the request. One (1) of the following forms of valid photo-ID is acceptable: Driver license /New York State or City issued non-driver photo-ID card /Passport /U.S. Military issued photo-ID.
- Proof of Guardianship or Parental Status, if the patient is a minor. Acceptable proof would be a copy of the patient's birth certificate or a court document showing custody / guardianship.
- Proof that a court has appointed you Administrator of the Estate, if the patient is deceased.

You may also request the record online at: <https://fdny.mypatientencounters.com/myrecord>