



**ROCK SPRINGS, GREEN RIVER, SWEETWATER COUNTY, COMBINED COMMUNICATIONS
JOINT POWERS BOARD
5 SHOSHONE AVE., GREEN RIVER, WY 82935
(307) 466-0272**

REQUEST FOR 9-1-1 RECORDING

I, _____ hereby request a copy of the Rock Springs, Green River, Sweetwater County (CCJP) 9-1-1 recording for the call involving _____, on _____ (date), at _____ (time). Briefly describe the subject of the requested recording:

In compliance with Wyoming State Statute Chapter 9, Article 1 and the Health Insurance Portability and Accountability Act (HIPAA), I understand that information concerning the 9-1-1 callers name, address, telephone number or personal information about, or information which may identify any such person requesting emergency services or reporting an emergency, as well as, any medical information that is protected under HIPAA is confidential and will be removed from any recording requested by a citizen. By affixing my signature below, I also agree to indemnify CCJP of any and all liability and assume responsibility of liability resulting from the accidental or intentional public release of information contained in the recording.

Requestor Signature

Date

Identification

Person Receiving Recording Signature

Date _____

Identification

Person Releasing Recording Signature