*S.E. THURSTON FIRE AUTHORITY*

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| *POLICY TITLE:* | TORT Claim |
| *POLICY NUMBER:* | 1-11 |
| *DATE ISSUED:* | February 13, 2025 |
| *REVISION:* |  |
| *REVIEWED:* |  |

**PURPOSE:** To establish a procedure to provide necessary information when required for claims for damages against SE Thurston Fire Authority.

**SCOPE:** All members of the Fire Authority shall abide by the provisions of this policy.

**REFERENCES:**

RCW 4.96.020 *Tortious conduct of local governmental entities and their agents — Claims — Presentment and filing — Contents*

RCW 4.92.100 *Tortious conduct of state or its agents — Claims — Presentment and filing — Contents*

Section III Medicare, Medicaid and SCHIP Extension Act of 2007

**POLICY:**

SE Thurston Fire Authority shall appoint an agent to receive, and process claims for damages. The identity and contact information of the appointed agent, as well as the Standard Tort Claim Form Packet shall be posted on the Fire Authority’s website and shall be recorded with the Thurston County Auditor.

# PROCEDURES/GUIDELIN

1. The Standard Tort Claim Form Packet shall be posted and be available on the Fire Authority’s website. The form must be completed and signed by:
2. Claimant; or
3. Person holding a written power of attorney from the Claimant; or
4. Attorney in fact for the Claimant; or
5. Attorney admitted to practice in Washington State on the Claimant’s behalf; or
6. A court-approved guardian or guardian ad litem on behalf of the Claimant.
7. The Claim Agent for the District shall be the Authorities legal counsel:

Skip Hauser

Budd Bay Law P.S.

324 W. Bay Dr. NW STE 201

Olympia, WA 98502

Business Hours: Mon. - Fri. 08:30 a.m. – 5:00 p.m.

Closed on weekends and official state holidays.

1. Completed Standard Tort Claim forms must be submitted by regular, registered, or certified mail, with return receipt requested, or by delivery to the Claim Agent.

Standard Tort Claim Form Packet

Please *carefully read all of the information in this packet* before completing and presenting your Standard Tort Claim.

### A New Law that Impacts Presenting a Standard Tort Claim Form

RCW 4.96.020, requires citizens to present the Standard Tort Claim form with the government entity named in their claim. The law also requires local government entities to provide the Standard Tort Claim form with instructions on how to complete the form. In compliance with these requirements and for the convenience of citizens, the State Department of Enterprise Services, Office of Risk Management developed a Standard Tort Claim Form Packet. The Standard Tort Claims Form may be submitted directly to SE Thurston Fire Authority.

**Documents Contained in the Standard Tort Claim Form Packet**

1. Instructions for completing the Standard Tort Claim Form
2. Standard Tort Claim Form
3. Medical Authorization
4. Vehicle Collision Form (for tort claims involving vehicle accidents/collisions)
5. Mandatory Medicare Beneficiary Reporting Form

**Legal Requirements for Presenting Standard Tort Claim Forms**

In order to verify the claim and additional supporting information, the law requires that the Standard Tort Claim form be signed by:

* Claimant; or
* Person holding a written power of attorney from the Claimant; or
* Attorney in fact for the Claimant; or
* Attorney admitted to practice in Washington State on the Claimant’s behalf; or
* A court‐approved guardian or guardian ad litem on behalf of the Claimant

**Present in Person or Mail the Standard Tort Claim Form and Supporting Documents to:**

Mail to: Deliver to:

Attn: Skip Hauser Attn: Skip Hauser

Budd Bay Law P.S. Budd Bay Law P.S.

324 W. Bay Dr. NW STE 201 324 W. Bay Dr. NW STE 201

Olympia, WA 98502 Olympia, WA 98502

Business Hours: Monday‐Friday, 08:30 a.m. to 5:00 p.m.

Closed on weekends and official state holidays

INSTRUCTIONS FOR COMPLETING A STANDARD TORT CLAIM FORM

General Liability Claim Form #SF 210

Before presenting a Standard Tort Claim form, please read these instructions, the Standard Tort Claim form, and other appropriate forms in their entirety.

* Type or print clearly in ink and sign the Standard Tort Claim form. Do not stable or tape documents. Do not put in claim form binders or add divider tabs as all documents must be scanned.
* Provide all requested information and any available documents or evidence supporting your claim, such as medical records or bills for personal injuries, photographs, proof of ownership for property damages, receipts for property value, etc.
* If the requested information cannot be supplied in the space provided, please use additional blank sheets so your Standard Tort Claim form can be easily read and understood.
* The following are *examples* on how to complete the Tort Claim Form (#SF 210):

1. Doe, John Michael – 02/20/1965
2. 1234 XYZ St., Apt. 01, Any city, WA Zip code
3. PO Box 123, Any city, WA Zip code
4. Same (or residence at the time of incident)
5. (Area Code) -123-4567
6. Email Address
7. 8:00 a.m., August 9, 2014
8. If the incident that caused the damages occurred over a period of time, please provide the beginning time and the ending time
9. Washington, Thurston, City, S.E. Thurston Fire Authority office, parking lot
10. If applicable, I-5, Eastbound, Milepost 000, near the XYZ Exit
11. S.E. Thurston Fire Authority
12. Doe, Jane, 1234 ABC St., Any city, State Zip code (Area Code) 123-4567; Tow Truck Driver; Tow Truck Company
13. List employee names who have knowledge about the incident in question, if known or enter “Unknown”
14. List all other witnesses having knowledge of the incident in question, with their names, addresses, and telephone numbers that are not listed within items 12 and 13. Also include a description of their knowledge. For example, if your sister was with you, when the alleged incident occurred, please include her name, address, telephone number, and indicate she witnessed the incident.
15. Please describe the incident that resulted in the injury or damages, specifically answering the questions who, what, where, when and why.
16. If you reported this incident to law enforcement, safety, or security personnel, please provide a copy of the report or contact information to the person you spoke with.
17. Please provide all of your medical providers with their names, address, telephone numbers, and the type of treatment. If you were treated for a personal injury, please include your medical records and bills.
18. Please provide the dollar amount for your damages, including your time loss, medical costs, property damage loss, etc. This amount should represent your opinion of total compensation.

* If you are presenting a personal injury claim, please sign and attach the Medical Release form.
* If your claim involves a motor vehicle accident, please complete, sign, and attach the Vehicle Collision Form.

**STANDARD TORT CLAIM FORM**

General Liability Claim Form #SF 210

Pursuant to Chapter 4.96 RCW, this form is for filing a tort claim against SE Thurston Fire Authority. Some of the information requested on this form is required by RCW 4.96.020 and may be subject to public disclosure.

Pursuant to the law, Standard Tort Claim forms cannot be submitted electronically (via e-mail or fax).

#### PLEASE TYPE OR PRINT IN INK

For Official Use Only

No.

**Mail or deliver to:**

Skip Hauser

Budd Bay Law P.C.

324 W. Bay Dr. NW STE201 Olympia, WA 98502

Business Hours: Mon. - Fri. 9:00 a.m. – 5:00 p.m.

Closed on weekends and official state holidays

**CLAIMANT INFORMATION**

* 1. Claimant's name:

Last name First Middle Date of birth (mm/dd/yyyy)

* 1. Current residential address:
  2. Mailing address (if different):
  3. Residential address at the time of the incident (if different from current address):
  4. Claimant's daytime telephone number:

Home Business

* 1. Claimant’s e-mail address:

**INCIDENT INFORMATION**

* 1. Date of the incident: Time: a.m. p.m. (check one)

(mm/dd/yyyy)

1. If the incident occurred over a period of time, date of first and last occurrences:

From Time: a.m. p.m. to Time: a.m. p.m.

(mm/dd/yyyy) (mm/dd/yyyy)

1. Location of incident:

State, County City, if applicable Place where occurred

1. If the incident occurred on a street or highway:

t Name of street or highway, milepost number, intersection with or nearest intersecting street

1. State/local agency or department alleged responsible for damage/injury:
2. Names, addresses and telephone numbers of all persons involved in or witness to this incident:
3. Names, addresses and telephone numbers of all state or S.E. Thurston Fire Authority employees having knowledge about this incident:
4. Names, addresses and telephone numbers of all individuals not already identified in #12 and #13 above that have knowledge regarding the liability issues involved in this incident, or knowledge of the Claimant’s resulting damages. Please include a brief description as to the nature and extent of each person’s knowledge. Attach additional sheets if necessary.
5. Describe the cause of the injury or damages. Explain the extent of property loss or medical, physical or mental injuries. Attach additional sheets if necessary.
6. Has this incident been reported to law enforcement, safety or security personnel? If so, when and to whom? Please attach a copy of the report or contact information.
7. Names, addresses and telephone numbers of treating medical providers. Attach copies of all medical reports and billings.
8. I claim damages from S.E. Thurston Fire Authority in the sum of $\_\_\_\_\_\_\_\_\_.
9. Please attach documents which support the claim’s allegations.

This Claim form must be signed by the Claimant, a person holding a written power of attorney from the Claimant, by the attorney in fact for the Claimant, by an attorney admitted to practice in Washington State on the Claimant's behalf, or by a court-approved guardian or guardian ad litem on behalf of the Claimant.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

#### Signature of Claimant Date and place (residential address, city and county)

#### Signature of Representative Date and place (residential address, city and county)

#### Print Name of Representative Bar Number (if applicable)

Claim #

# Authorization for Release of Protected Health Information (PHI) to

**S.E. Thurston Fire Authority**

## Name: (Last, First, Middle Initial or Middle Name)

Date of Birth: Month Day Year

I hereby authorize disclosure of my protected health information to S.E. Thurston Fire Authority, for purposes of processing my claim for damages filed with S.E. Thurston Fire Authority.

I understand that by signing this document, I authorize the release of the following information:

Complete medical record for all services, including history and physical exam; progress notes; x-ray reports; inpatient admissions; operative notes; physical or other therapy; laboratory and other test reports; physician and physician assistant orders; nursing notes; and all other records and references designated by the provider as part of its medical record.

HIV Test Results and medical information related to HIV testing or treatment.

Psychiatric, mental and behavioral health records, including treatment notes, assessments, testing documents and results, and medical records related to mental health diagnosis and treatment.

Alcohol assessment, testing, referral or treatment records.

All other chemical dependency assessment of treatment records.

Pharmacy prescriptions and reports.

All letters and memos received or sent, including electronic mail, referencing my treatment, compliance with treatment and any other subject related to my medical treatment.

Information related to alleged sexual assault or sexually transmitted disease, including test results.

Urgent care, outpatient or other clinic visit information.

Gynecological and/or obstetrical information.

All client records generated for or by governmental programs of which I am a client. Identify the program(s) and agency:

. Financial records related to my care and treatment.

I understand the following: **(PLEASE READ AND INITIAL ALL STATEMENTS)**

\_\_\_\_\_\_I understand that my records are protected under HIPAA/PHI regulations (federal law) and the Washington State Health Care Information Act (RCW 70.02).

\_\_\_\_\_\_ I understand that my health information may be subject to re-disclosure by S.E. Thurston Fire Authority and not protected for purposes of evaluating and investigating the claim I have filed with S.E. Thurston Fire Authority .

\_\_\_\_\_\_ I understand that the specific information to be disclosed in my medical record may include information regarding alcohol, drug or other controlled substance use, counseling referrals and/or a history of testing or treatment of acquired immune deficiency syndrome.

\_\_\_\_\_\_ I understand that I may revoke this authorization at any time by notifying S.E. Thurston Fire Authority in writing, and that the revocation will be effective as of the date S.E. Thurston Fire Authority receives it. Any records obtained pursuant to this Authorization for Release of PHI prior to the revocation will be deemed authorized by me for release.

\_\_\_\_\_\_ I understand that this Authorization for Release will expire 90 days from the date I sign it. I can also authorize a different time frame for this release to be valid. This permission is valid until my claim is resolved or closed by S.E. Thurston Fire Authority .

*A Photostat of this Authorization carries the same authority as the original for purposes of releasing my records to* S.E. Thurston Fire Authority.

Signature of Authorizing Individual

Date of Signature:

Telephone number:

Witness (where patient is over 13 and signing the release)

Where the signer is not the subject of the records:

I am authorized to sign this because I am the (attach proof of authority):

Parent of minor Legal Guardian

Personal Representative Other

#### To the Provider or Records Custodian:

Please send legible copies of all records to:

**Delivery:**

SE Thurston Fire Authority

Attn: Skip Houser

Budd Bay Law

324 W. Bay Dr. NW STE 201

Olympia, WA 98502

Mail:

S.E. Thurston Fire Authority

Attn: Skip Houser

Budd Bay Law

324 W. Bay Dr. NW STE 201

Olympia, WA 98502





