



AUTHORIZATION TO RELEASE PATIENT HEALTH INFORMATION

Patient Name: _____ Incident No. (If known): _____

Date of Birth: ____ / ____ / ____

I authorize Eastside Fire & Rescue (EF&R) to release information as stated below:

INFORMATION TO BE RELEASED TO:

Myself **Office Use Only:** ID Verified by EF&R Staff

Other Name (Organization/Person):

Street Address:

City, State, Zip:

Phone:

Fax:

Email:

INFORMATION TO BE RELEASED:

Location where service was provided (address or cross-street):

Date of Service:

Information Requested: Incident Report Billing Medical Report

Preferred format: (check only one)

Paper Electronic (requires email address)

Please note if a format is not selected, records will be in paper format.

AUTHORIZATION FOR RELEASE OF INFORMATION:

I UNDERSTAND THAT authorizing the disclosure of this healthcare information is voluntary. I can cancel this authorization at any time by writing to EF&R. I understand that once the information has been released according to the terms of this authorization, the information cannot be recalled. Any disclosure of information carries with it the potential for further release or distribution by the recipient that may not be protected by confidentiality laws. This authorization will expire 90 days from the date signed below unless another date or event is entered here _____. (Note: If the disclosure is to an employer or financial institution, this authorization will expire 90 days from the date signed by you.)

SIGNATURE OF PATIENT / LEGAL REPRESENTATIVE:

Signature of Patient or Legal Representative

Date (month/day/year)

Relationship to patient, if not signed by patient, and description of Authority

Requesting Medical Records on Behalf of Another Person: If you are requesting medical records for someone other than yourself, you may be required to provide additional documentation to show that you have a legal right to request the record set. Examples of these documents include Letters of Representation, Guardianship Papers, Affidavits of Heir at Law, etc.

Send completed form and any attachments to records@esf-r.org, fax to (425) 391-8764, or mail to the address below.