



Authorization to Release Patient Health Information

Requesting Medical Records on Behalf of Another Person: If you are requesting 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 or mail to Headquarters at 175 Newport Way, NW Issaquah, WA 98055.

Patient Name: _____ Incident Number (if known): _____

Date of Birth (mm/dd/yyyy): _____

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

Information to be Released to:

Myself

Other: Name (Organization/Person): _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Information to be Released:

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

Date of Service: _____

Information Requested: Incident Report Medical Report

Preferred Format: Paper Electronic

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: _____ Date: _____

Relationship and Authority if not Patient: _____

Office Use Only: ID Verified by EF&R Staff