

Santa Clara Fire Department
Authorization for Release of Medical Information

Patient Information:

Name of Patient: _____ Date of Incident: _____

Address of Incident: _____

I hereby authorize and request Santa Clara Fire Department to release my complete patient care file, which shall include all records reflecting or describing my medical treatment to:

This authorization shall expire upon release of the requested records. I understand my right to revoke this authorization at any time. My revocation must be in writing and will not affect previously disclosed information. I acknowledge that the City of Santa Clara does not condition treatment on a patient's signature on an authorization.

Signature: _____ Date: _____

Print Name: _____

Check One: Patient

Patient's Legal Representative. Description of Representative Authority: _____
[Trustee, Executor, Attorney, etc.]

Minor Patient's Parent or Legal Guardian

Requesting Party Information (please print):

Name: _____

Address: _____

Phone Number: _____ Email address: _____

Relationship to Patient (check one): Patient Patient's Parent/Guardian/Representative

Purpose of disclosure (check one): At the request of the Patient

Other: _____ (please specify)

Attach the following: Copy of government-issued photo identification and proof of your legal authority to obtain the medical information if you are not the patient (birth certificate, court order, death certificate, trust, etc.). If the patient is living, a copy of their photo ID (or ID of parent for minor patient) must accompany this request in order to verify their authorization of the release of report to the requesting party.

I understand that information used or disclosed hereunder may be subject to re-disclosure by whoever receives the information and may no longer be protected by confidentiality laws. I hereby acknowledge and agree that requests for electronic transmittal of my medical records may not remain confidential due to the unsecure nature of electronic communications. I further understand and agree that the City of Santa Clara, and its employees and/or agents, are not liable in any manner for the disclosure of information transmitted via electronic means.

Requestor Signature: _____ Date: _____