



Request for Electronic Transmission of Protected Health Information

This request form authorizes the City of Santa Clara Fire Department to transmit Protected Health Information (PHI) via email. Please fill in the Pre-Hospital Care Report (PCR) number and email address that you, the patient, are authorizing the PCR to be sent to:

Santa Clara Fire Department Pre-Hospital Care Report Number: _____

Email address PHI should be sent to: _____

Please read and acknowledge the information below:

I, _____, hereby request that the subject health information
(Print Patient Name Here)

and records be transmitted to me via the electronic mail. I acknowledge and agree that such electronic means of transmittal may be unsecure, and I knowingly and voluntarily accept such security risks. I further understand and agree that the City of Santa Clara, and its employees and/or agents, are not liable in any manner for breach notification or disclosure of information transmitted via electronic means.

(Patient, Patient's Guardian or Legal Representative Signature)

(Date Signed)

Please note: If this form is being completed by someone other than the patient, a completed Santa Clara Fire Department Authorization For Release of Medical Records form must accompany this request.

Please submit this form, along with the required documentation and a valid copy of the patient's government issued photo identification to fire@santaclaraca.gov.

For Santa Clara Fire Department Use Only:

Date Form Received: _____

Date PHI Emailed To Email Address Above: _____

Completed By: _____