

SACRAMENTO FIRE DEPARTMENT

Authorization for Release of Protected Health Information

(Required by the Health Insurance Portability and Accountability Act, Title 45 C.F.R. Part 164)

PATIENT INFORMATION

Last Name:	First Name:	Date of Birth:
Address:		Social Security Number (last 4 digits only):
City/state:	Zip Code:	Telephone Number:

INFORMATION TO BE RELEASED

Medical Records Billing Records Fire Incident Report

PERTAINING TO

Incident Number (if known):	Type of Incident:
Date of Incident:	Time of Incident (approx.):
Address/Location of Incident:	

I, _____, authorize the Sacramento Fire Department to
Patient* or Personal Representative**
release the Protected Health Information, as described above, to:

Name of Person or Organization to Receive Health Information:		
Address:		
City/State:	Zip Code:	Telephone Number:
For the following purpose(s):		

I understand that by signing this authorization,

- I authorize the disclosure of my individually identifiable health information as described above for the purpose listed;
- I have the right to withdraw permission for the release of my information;
- I have the right to inspect and/or receive a copy of the information that is to be used or disclosed;
- This authorization is in effect until _____ when it expires or 12 months after the date of signing this form.
date or event

Patient's Signature: _____ Date _____

OR

Personal Representative's Signature: _____

Legal Relationship to Patient: _____ Date: _____

* Patient is required to attach a photocopy of patient's valid driver's license, state-issued identification card, passport, or military identification card as proof of identity.

** Patient's Personal Representative must attach copies of relevant legal documentation as proof of one's status for the purposes of HIPAA as patient's personal representative as defined by applicable state law. If the documentation is a certificate of birth, death, or marriage, a duly certified copy of the certificate must be attached.

There is a \$5.00 fee to process and release records. Please make checks payable to the Sacramento Fire Department and send to: Sacramento Fire Department, 5770 Freeport Blvd, Suite 200, Sacramento, CA 95822.