



BAYOU CANE FIRE DEPARTMENT

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Authorization for Release of Medical Records

Patient Name: _____ Date of Birth: _____

Address: _____ Phone # _____

Date of Incident: _____ Time of Incident: _____ Incident #: _____

Location of Incident: _____

Relationship to Patient (Check One): I am the Patient Parent/Guardian if under 18
 Personal Representative Power of Attorney for the Patient
 Attorney with signed authorization from the Patient

Name of Requester, if not the Patient: _____

I authorize the disclosure of Medical Records (including, but not limited to psychiatric records, psychological records and/or substance abuse information) to the following persons/entities listed below:

Name: _____

Address: _____

Name: _____

Address: _____

Patient/Authorized Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION: I UNDERSTAND that by authorizing the release of these records, I am waiving and relinquishing any privilege or right which I may have to keep said records confidential or to prevent their disclosure; and I hereby agree to hold BCFPD and all of its officers, employees and agents harmless from any and all claims that may be made against them on account of the release of the above-described records as herein authorized.

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 records.

- In order to fill a records request for Medical Records (EMS) information, one or more of the following criteria must be met and the supporting documents must be attached or submitted with this request:
 - The patient is 18 years of age or older with one of the following:
 - Requestor is the patient and has an original or a copy of a photo ID.
 - Requestor has a signed authorization and a copy of a photo ID from the patient.
 - Requestor has a notarized power of attorney for the patient
 - Requestor has a fact of death letter or death certificate in the event the patient is deceased.
 - If the patient is under 18 years of age, one of the following is required:
 - Requestor is a parent and has an original or certified copy of the patient's birth certificate listing him or her as a parent.
 - Requestor has an original or certified copy showing court appointed guardianship of the patient.
 - Requestor has an original or certified copy of the patient's birth certificate or court appointed guardianship papers and a letter stating that the parents or guardian authorize release of the records to the requestor.