



EMS

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Privacy Policies and Procedures

Request for Release of Medical Records

FORM #5

SECTION A: Patient Record Information

Patient name (first middle last): _____
Incident Date: _____ Incident Number (if known): _____
Incident Location: _____

SECTION B: Record Release Information

RECORD WILL BE RELEASED FROM TERRELL FIRE DEPARTMENT

Name of Requestor: _____ Phone: _____

Company/Organization: _____ Email: _____

Address: _____

Relationship to Patient: ☐ Patient ☐ Parent of Minor ☐ Legal Guardian ☐ Patient Authorized Representative

☐ Executor of Estate ☐ Power of Attorney ☐ Representing Attorney ☐ Law Enforcement
☐ Subpoena

SECTION C: Record Release Information

I request the Record to be released in the following manner:

☐ In Person ☐ Mail (address form Section B) ☐ Email (email from Section B)

SECTION D: Patient Authorization

By submitting this form, I hereby voluntarily authorize the City of Terrell Fire Department to release this medical record. As the patient, I am authorizing the release of my medical record as noted to the representative as noted in Section B. I understand that the release only pertains to the disclosure of the record described herein. The authorization provided herein shall expire immediately after the disclosure and may be used only for the purpose(s) specified herein. I also understand that the person or organization who receives my information because of this authorization may have the legal right to disclose this information to other people or organizations without my knowledge or consent. If you are the parent of a minor and represent as such, you agree to hold harmless the City of Terrell Fire Department from damages regarding the disclosure.

Please provide a general description of the purpose for the requested release: _____

Patient Signature: _____ Date: _____

Law Enforcement Officer: _____ Date: _____

Badge No.: _____ Case No.: _____

Or, Signature from Other/Not Patient: _____ Date: _____

SECTION E: Substantiating Information

Please submit the following with your request:

- A **clear** and **readable** copy of your driver's License or DMV-Issued Identification Card whether or not you are the patient (Exceptions are made for Representing Attorney and Law Enforcement)
- Documentation of legal representation/responsibility if you are not the patient requesting the record