City of Glendale Fire Department EMS Section

Authorization to Release Medical Information

This authorization for use or disclosure of medical information is in compliance with the terms of the Confidentiality of Medical Information Act of 1981, Section 56, et seq. of the California Civil Code.

Authorization: I hereby authorize the Glendale Fire Department to release my medical records pertaining to incident:

INCIDENT INFORMATION

Date: _____ **Location:** _____ **Time:** _____

Type of Incident: _____

Name of Patient: _____

Address of Patient: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth of Patient: _____

This authorization shall become effective immediately and shall remain in effect until _____. Termination shall be 90 days from date signed if not specified herein. This authorization is subject to revocation at any time.

I understand that further use or disclosure of this information is prohibited by law unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

Information requested by a patient, parent or legal representative, can only be given to person(s) who present photo identification or by mail, with a letter from a legal representative and/or subpoena.

_____ _____ _____

Signature of Patient Date CDL#

_____ _____ _____

Signature of Parent or Legal Representative Date CDL#

_____ Phone Number_____

Print Name of Parent or Legal Representative