

**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#

\_\_\_\_\_  
Print Name of Parent or Legal Representative                      Phone Number \_\_\_\_\_