



Patient name:			
Incident #	DOB	Age	Gender

Release or Share

Government Agency Request for Release of Protected Health Information

Note: This authorization will be returned and no record released if incomplete. Please use Black or Blue ink. Page 1 of 2

Patient	Previous last name (if any)		
	Address		Daytime phone number
	City	State	Zip
Who has the information that is to be released	Name	Phone number	Fax
	DALLAS FIRE-RESCUE 214/ 670-4311 N/A		
	Address 1551 Baylor Street Suite 300		
	City	State	Zip
	Dallas	Texas	75226
Whom should the information be released to (Please attach copy of govt. ID)	Agency or department name	Phone number	Fax
	Name of requestor	Title	Email
	Address		Badge number (if applicable)
	City	State	Zip
Medical records to be disclosed Check <input checked="" type="checkbox"/> box of the record to be released per this request	Medical records: <input type="checkbox"/> Patient Care Report Date of Service: _____ Incident Number: _____ <input type="checkbox"/> Billing Records <input type="checkbox"/> Other, specify _____		
Type of Access Requested	<input type="checkbox"/> Copy <input type="checkbox"/> Inspect		Method of Release <input type="checkbox"/> Mail <input type="checkbox"/> Pick-up
Purpose for the legal exception, 45 C.F.R. §§ 160 & 164 (2002)	<input type="checkbox"/> Activities involving Public Health <input type="checkbox"/> Health oversight activities <input type="checkbox"/> Child Abuse or Neglect Investigation <input type="checkbox"/> Judicial and administrative proceedings <input type="checkbox"/> Adult abuse, neglect, or domestic violence investigation <input type="checkbox"/> Limited law enforcement purposes (As required by law) <input type="checkbox"/> Decedents <input type="checkbox"/> Serious threat to health or safety <input type="checkbox"/> Other specialized government functions (Corrections and lawful custody, public benefits, Workers Compensation, employers (public health activities)) <input type="checkbox"/> Other, specify _____		

Patient name: _____

Pursuant to the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 160 & 164 (2002), I certify that:

- (a) The information sought is related and material to legitimate government inquiry;
- (b) Use of this disclosure is limited in scope to the purpose for which the information is sought and was released; and
- (c) De-identified information cannot be reasonably used

(Signature of Requestor)

(Date)

Dallas Fire Department:

Approved Declined/Reason: _____

Process Date: _____

Processed By: _____