Created 2/1/2012

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.

Patient	Previous last name (if any)		
	Address		Daytime phone number
	City	State	Zip
Who has the information that is to be released	Name: DALLAS FIRE-RESCUE	Phone number: 214/ 670-4311	Fax: N/A
	Address: 1551 Baylor Street Suite 300		
	City: Dallas	State: Texas	Zip: 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 (☑) box of the record to be released per this request

Medical records:

☐ Patient Care Report Date of Service: _____ Incident Number: _____

☐ Billing Records ☐ Other, specify _____

Type of Access Requested	☐ Copy ☐ Inspect	**Method of Release**	☐ Mail ☐ Pick-up

Purpose for the legal exception, 45 C.F.R. §§ 160 & 164 (2002)

☐ Activities involving Public Health

☐ Child Abuse or Neglect Investigation

☐ Adult abuse, neglect, or domestic violence investigation

☐ Limited law enforcement purposes (As required by law)

☐ Decedents

☐ Serious threat to health or safety

☐ Other specialized government functions (Corrections and lawful custody, public benefits, Workers Compensation, employers (public health activities))

☐ Health oversight activities

☐ Judicial and administrative proceedings

☐ 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: _____