



Authorization for Release of Medical Records

This authorization must be written, dated, and signed by the patient or by a person authorized by law.

I authorize Hillsboro Fire Department to release a copy of the medical record obtained and/or recorded by their employees to the person identified below. I authorize the release of information pertaining to drug or alcohol abuse, psychological or psychiatric conditions, and/or communicable disease information, if such are a part of the pre-hospital medical record. **I agree to pay the \$20.00 fee associated with providing this record.**

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer subject to privacy protections provided by law.

FOR HILLSBORO FIRE DEPARTMENT USE ONLY- check box when receiving outside authorizations and complete patient info below as it applies.

Patient Name: (print) _____

Patient Date of Birth: _____ Incident No. _____

Incident Date: _____ Location: _____

Purpose of Request: _____

Identification: Please include a copy of the requesting party's driver's license and other information as they apply.

- Driver's License SS Card Power of Attorney Passport Personal Representative
- Death Certificate Other _____

Please release to: (print) _____

Street/PO Box: _____

City/State/Zip: _____

Phone: _____

This Authorization may be revoked at any time. To revoke this Authorization, I understand that I must do so by written request to the Hillsboro Fire & Rescue at the address below. The only exception is when action has been taken in reliance on the Authorization. Unless revoked earlier, this consent will expire 180 days from the date of signing or shall remain in effect for the period reasonably needed to complete the request.

I acknowledge that I have read the provisions in the Authorization and that I have the right to refuse to sign this Authorization. I understand and agree to its terms.

Date

Signature of Patient or Other Person Authorized

| | |
|---|--|
| FOR HILLSBORO FIRE DEPARTMENT USE ONLY | |
| PAID: \$ _____ CHECK: # _____ | <input type="checkbox"/> APPROVED FOR RELEASE |
| <input type="checkbox"/> NO RECORD FOUND <input type="checkbox"/> RECORD ENCLOSED <input type="checkbox"/> RELEASED DATE/BY: _____ | _____ SIGNATURE AND DATE |