



AUTHORITY TO RELEASE MEDICAL AND PSYCHIATRIC RECORDS OF

 (Name Last, First, MI)

 (Cell/Home/Work Phone #)

 (Social Security #)

 (Birthdate)

Date: _____

Send Records To:

To: _____

**THE CITY OF LOS ANGELES
 DEPT. OF FIRE AND POLICE PENSIONS
 Disability Pensions Section
 360 E. Second Street, Ste. 400
 Los Angeles, CA 90012**

This will be your authority to release to the Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners of the City of Los Angeles any information requested in connection with the medical history of the above named individual, including all records relating to any Workers' Compensation claims. This information is to be used only in the processing or review of an application for disability pension benefits. I further authorize the Department of Fire and Police Pensions and the Board of Fire and Police Pension Commissioners to release such information to pension doctors on behalf of said Board. This authorization shall be considered valid for five (5) years from the date signed. (Copies of this authorization will be considered as valid as the original.)

 Date

 Signature

Please release the following records:

- | | |
|--|--|
| <input type="checkbox"/> Emergency Room Reports | <input type="checkbox"/> Workers' Compensation Records |
| <input type="checkbox"/> All Hospitalization Records | <input type="checkbox"/> Doctor's Reports |
| <input type="checkbox"/> Admission Reports | <input type="checkbox"/> Treatment Reports |
| <input type="checkbox"/> Physical Exam/History | <input type="checkbox"/> Imaging Reports |
| <input type="checkbox"/> Operation Reports | <input type="checkbox"/> Test Results |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Psychiatric Records |
| | <input type="checkbox"/> Other: _____ |

Your prompt attention to this matter will be appreciated. If you have any questions, feel free to call Pension Claims Analyst _____ at the Department of Fire and Police Pensions, Disability Section: (213) 978-4500.

[The person releasing the above-described records, as well as the patient to whom it pertains, are entitled to receive a copy of this authorization upon demand. (California Civil Code, Part 2.6 Section 56 et. seq. added by Stats 1981A "Confidentiality of Medical Information Act").]