AUTHORIZATION TO RELEASE MEDICAL RECORDS

This Authorization must be written, dated, and signed by the patient or by a person authorized by law to sign for patient.

I authorize Lake Oswego Fire Department to release a copy of the medical record obtained and/or recorded by their employees to the person identified below. I specifically 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 understand this record may be voluminous and agree to pay all reasonable charges associated with providing this record.

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

Patient Name: (print) _____

Patient Date of Birth: _____ / _____ / _____ Incident No. _____

Purpose of Request: _____

Identification:

☐ Driver's License ☐ SS Card ☐ Student ID ☐ Passport ☐ Power of Attorney

☐ 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 Lake Oswego Fire Department EMS Records Custodian 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.

_____ _____/_____

Signature of Patient or Other Person Authorized to Sign for Patient — Date / Phone Number

_____ _____

Relationship to Patient — Printed Name

Lake Oswego Fire Department

300 'B' Avenue; P.O. Box 369 Lake Oswego, OR 97034 • Phone (503) 635-0275 • Fax (503) 635-0376