Santa Monica Fire Department 333 Olympic Drive 2nd Floor Santa Monica, CA. 90401	*(For Official Use Only)* Date Records Released:_____ Released to:_____ Verified by: ____Photo ID ____Other FD Representative: _____

AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

These records are protected under the federal HIPAA regulations governing confidentiality of patient records (42 CFR Section 2.1, 45 CFR Parts 160 and 164), and stricter California regulations governing privacy of health information (Civil Code 56.10-56.38, Health & Safety Code 123100-123149.5, and Welfare and Institutions Code 5328.)

PATIENT INFORMATION

Patient Name	Date of Birth	Social Security Number
Date and Time of Incident	Location of Incident	Incident Number
		Sequence Number
Mailing Address (Please PRINT clearly) Street, Apt., City, State, Zip Code		
Home Phone Number	Cell Phone Number	

Party of Interest (Please Check One) ***Who are you authorizing to receive your PHI?***

■ Yourself (Patient)

☐ Parent or Legal Guardian

☐ Insurance Company or Claims Adjuster

☐ Attorney of Record

☐ Other Authorized Representative _____

☐ City Risk Management

☐ City Attorney

I **hereby authorize the Santa Monica Fire Department to disclose information about my health to:**

☐ Myself

☐ Other as noted above

Name: _____ Relationship: _____

Address: _____

_____

Phone: _____ Email: _____

Signature of Patient / Parent /Guardian / Representative	Date
Witness	Date