SMFD Form: A019

FIRE DEPARTMENT INCIDENT RECORDS
Health Information Release Authorization

SAN MARCOS
DISCOVER LIFE'S POSSIBILITIES

Request for access to health information held by the San Marcos Fire Department.

Date Requested _____

Requested Information:

- ☐ **Medical Care Report**
- ☐ **Ambulance Bill**
- ☐ **Incident Report**
- ☐ **Other** _____

Name of Requestor: _____

Relation to Patient:

- ☐ **Self**
- ☐ **Parent/Guardian**
- ☐ **Legal/Authorized Representative**

Name of Patient: _____

Phone: _____ **Email:** _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Date of Incident: _____ **Location of Incident:** _____

HEALTH INFORMATION RELEASE AUTHORIZATION

INFORMATION ABOUT YOUR ACCESS RIGHTS

Except under limited circumstances, we will provide you with the access you request. We will respond to your request for access within 10 days from the time we receive this completed form. In certain situations we may deny your request, but if we do, we will tell you in writing of the reasons for the denial and explain your rights with regard to having the denial reviewed.

SUBSTANTIATING INFORMATION

A copy of the patient's valid government issued identification card, with their signature, must be submitted with this request. If you are not the patient requesting the information, you must also submit documentation of legal representation and/or that you are an authorized representative of the patient. In order to receive the requested documents, this form must be accompanied by a completed San Marcos Fire Department Incident Report request.

WHERE TO SUBMIT THIS FORM

You must submit this form via email at cityclerk@sanmarcosca.gov, online at sanmarcosca.justfoia.com/publicportal, or via mail to the San Marcos City Clerk: 1 Civic Center Drive, San Marcos, California 92069-2918.

By submitting this form, I hereby request the City of San Marcos Fire Department to provide me with access to my health information that the City of San Marcos Fire Department maintains.

_____ _____ _____
Printed Name **Signature** **Date**

OFFICE USE ONLY

_____ _____
Form Received By **Date**